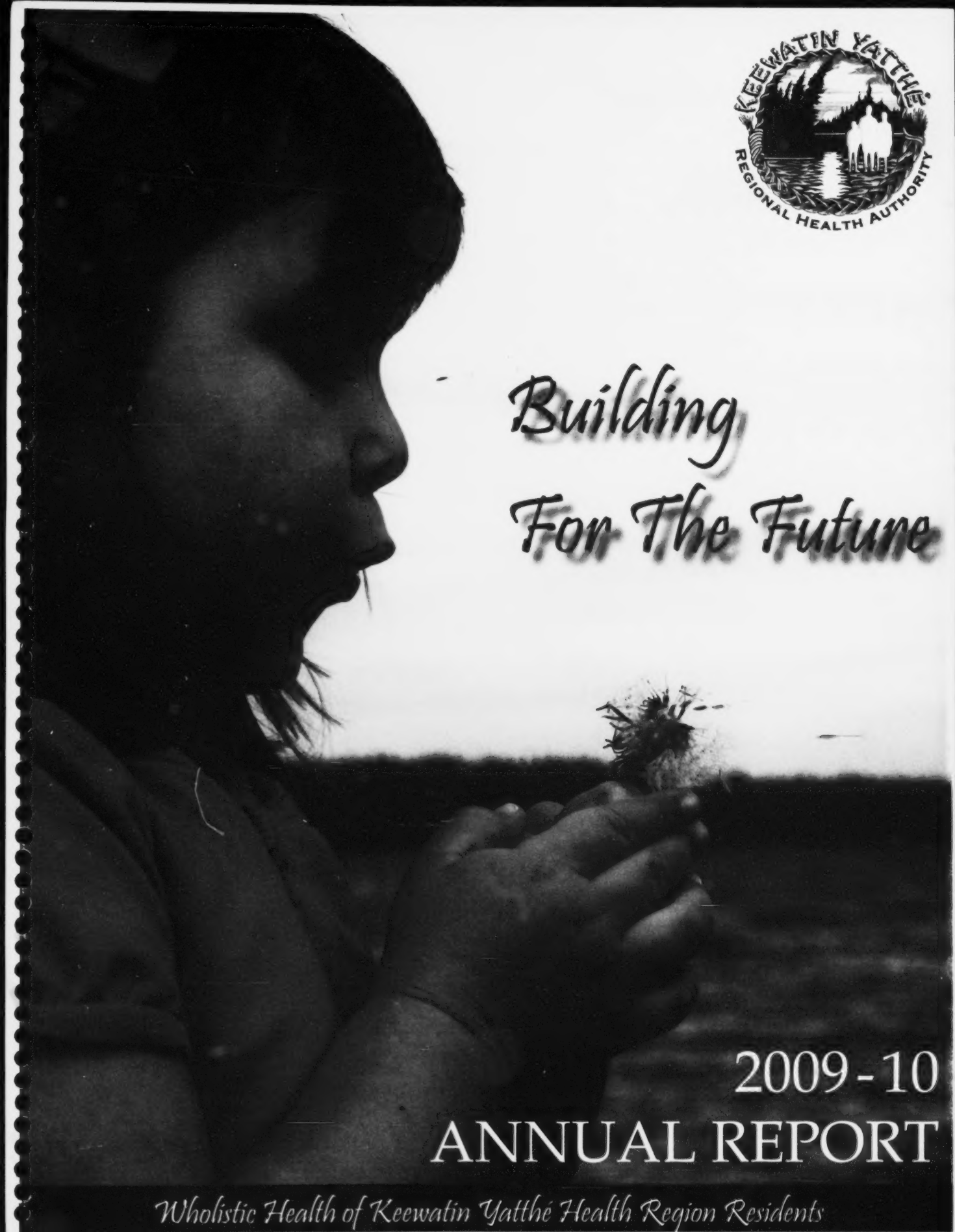

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

Building For The Future

2009 - 10 ANNUAL REPORT

Wholistic Health of Keewatin Yatthé Health Region Residents

2009-10 Annual Report to the Minister of Health

Building For The Future

Keewatin Yatthé Regional Health Authority continued its work of building for the future during 2009-10. By listening to the needs of the residents and by fostering a work atmosphere of mutual respect. KYRHA continues to work towards putting the needs of patients first. It is through this collaboration that KY region will work towards a brighter and healthier future.

Keewatin Yatthé employees embrace the following Organizational Values:

Mutual Respect

Personal Integrity

Courage

Self-Belief

Collaborative Working

Empathy and Compassion

Accountability

Honesty and Trust

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This Annual Report is also available on the internet at: www.kyrha.ca

KYRHA Regional Office -
P.O. Box 40 Buffalo Narrows, SK S0M 0J0 Tel: 306.235.2220 Fax: 306.235.4604

wholistic health

The Keewatin Yatthé Regional Health Authority has been working with the residents of the region to empower each individual to work towards physical, mental, emotional, and spiritual wellness since 2002.

inspiration

The Board of Directors is made up of seven individuals from across the region. (From left to right: Elmer Campbell, Robert Woods, Barbara Flett, Tina Rasmussen and Duane Favel. (Missing are Georgina Jolibois and Gloria Apesis.)

The Board sets the region's strategic direction, monitors its progress and is accountable for the organization's overall performance.

Letter of Transmittal

To: Honourable Don McMorris
Minister of Health

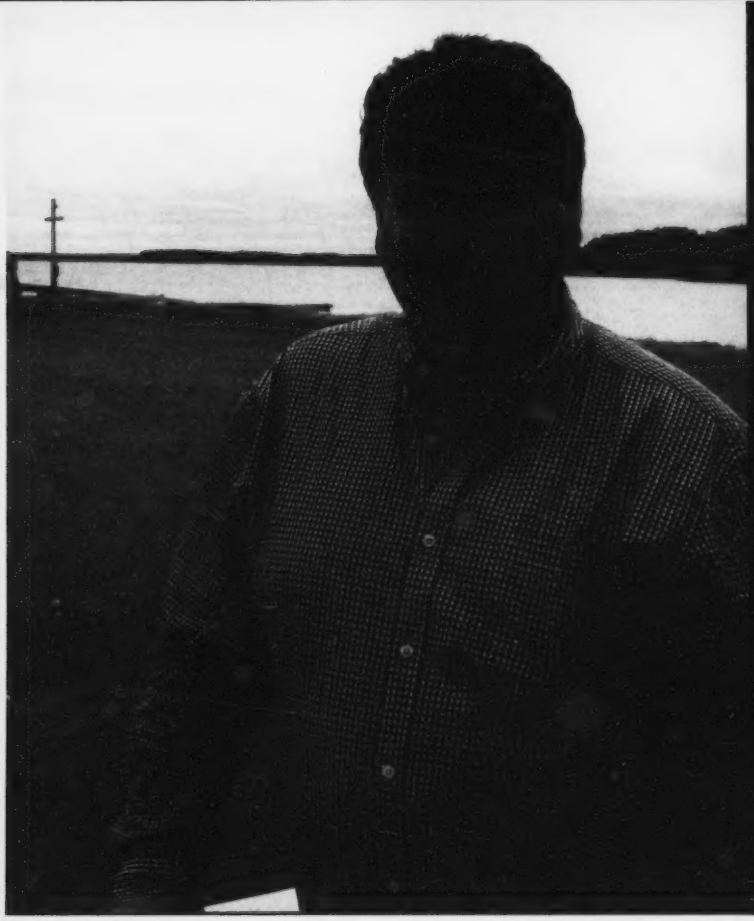
Dear Minister McMorris,

The Keewatin Yatthé Regional Health Authority is pleased to provide you and the residents of the health region with its 2009-10 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2010.

The Board recognizes that our overall success is greatly attributed to the dedication and commitment of employees of the Keewatin Yatthé Health Region. We also recognize the support that the Ministry has provided and your commitment to hear the voice of the northern people of the province. We are especially thankful for the support provided during the H1N1 Pandemic in October/November 2009 – in which we were able to successfully immunize a significant portion of our population and thus mitigate the spread of this illness in our communities.

Respectfully submitted,

Tina Rasmussen
Acting Chairperson



dedication

KYRHA Senior Managment:

Richard Petit,
Chief Executive Officer

Jolene Hanson,
Executive Secretary

Zachery Solomon,
Executive Director of Finance and Infrastructure

Rowena Orcajada Materne,
Executive Director of Corporate Services

Elaine Malbeuf,
Executive Director of Community Health Services

Girija Nair,
Executive Director of Primary Health Services

Message from the CEO

2009-10 Reflections - Building for the future

Two major themes that interweaved throughout much of the past year are quality improvement and putting patients first. Both go hand-in-hand and are integral in building the type health care system that our residents want.

The Keewatin Yatthé Regional Health Authority continues to work towards building a brighter and healthier future for the residents of the region. We believe that building a better future can only be accomplished in partnership with the communities of the region. Only together can we create a health care system that meets the needs of our residents.

Our board members have shown commitment and support in our efforts towards quality improvement. It is their vision and insight into our communities that has and will continue to make positive changes to our health care system.

Saskatchewan's Patient First Review Commissioner Tony Dagnone presented his report, 'For Patient's Sake' in October 2009. The key principles that were derived from the report were to embed "Patient First" as a core value in health care; health care in Saskatchewan needs to function as a cohesive system; and frontline providers must be empowered to deliver patient- and family-centred care.

The RHA's goal is to give back a voice to the residents of our region - and we are listening. We hear you loud and clear that there is a need to be more emphasis on our patient's needs. We are working towards improving

things like access to care and customer service. We want to continue to build towards a brighter future by earning back your trust and respect.

The residents of the region and the health authority showed that in partnership amazing things can happen. Like many parts of the world, the H1N1 influenza virus pandemic threatened the Keewatin Yatthé Region in the later part of 2009. As the region has done in the past, we pulled together to inform, protect and empower our communities. The Ministry listened to our concerns and made sure we had enough vaccines. Staff and residents pulled together putting in extra hours and our neighbours at the University of Saskatchewan, College of Nursing - Prince Albert Campus, answered the call for assistance and sent student nurses. By working together as a team, we were able to immunize the entire region in just one week.

As part of quality improvement and accountability to both our staff and the residents of our region we are working on improving our organization culture through our Human Resources department. To start, we have redeveloped our General Orientation program, expanding it from one to four days by adding presentations on Organization Ethics, Contagious Kindness, Respectful Workplace, Emergency Preparedness, Infection Control and an in depth Transfer Lifting Repositioning (TLR) program so that our new employees begin their career at KYRHA with the right information to provide our customers with a highest level of care.

The Future Looks Bright:

- As we continue to build towards the future, our focus will remain on quality improvement and following the guidelines set out by the Patient First Review
- The Ethics committee is putting together the framework on an Ethical Code of Conduct, based on our organizational values. This framework will be what customers will come to expect when they use our services
- We will be working with our employees with an Attendance Support and Assistance program in order to assist them with the increasing stress levels that come with working within health care
- The Board will be sitting down with Senior Management to develop a strategic direction and goals for the next three to five years
- Accreditation Canada will be back in July 2010 for an on-site visit to review our accreditation status

As in years past we have been blessed with support from across the province. We appreciate the support from the Ministry of Health, Northern Health Strategy, our fellow northern RHA's (Mamawetan Churchill River and Athabasca), municipal leaders and our many partner and stakeholders. We would also like to thank Saskatoon Health Region, Prairie North Health Region, and Prince Albert Parkland Health Region for their support through this challenging, yet very encouraging year.

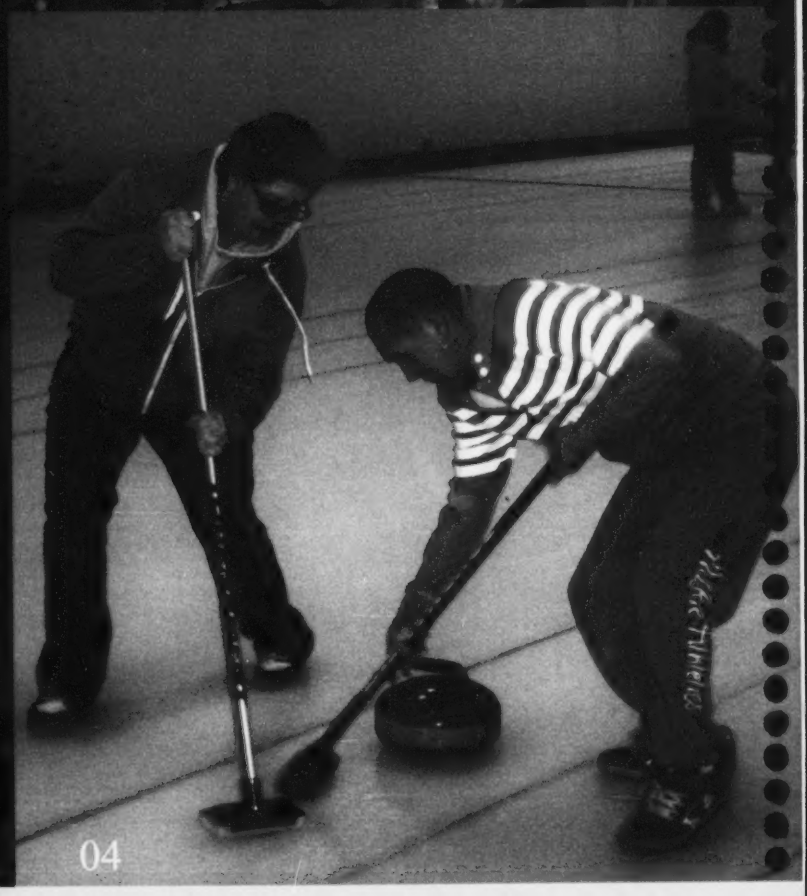
We are committed to our corporate vision, which is to empower the residents of our region to strive for physical, mental, emotional and spiritual wellness. We believe that by listening to the needs of our residents and by establishing quality improvement initiatives, we will continue to build a brighter and healthier future for our residents.

Sincerely,

Richard Petit

Richard Petit

who we are



KYRHA - Putting Patients First

In 2002, the Regional Health Services Act created 12 health authorities, one which became the Keewatin Yatthé Regional Health Authority (KYRHA). KYRHA operates a budget in excess of $20 million and provides employment to over 350 residents. There are two impatient facilities: St. Joseph's Health Centre in Ile a la Crosse and the La Loche Health Centre in La Loche.

KYRHA is co-managed by the Population Health Unit and are supplied with physician services through a partnership with Northern Medical Services.

Our Mandate

We believe that ultimately we are all accountable to the Creator for our actions and that our spiritual development is contingent upon the relationship between the individual and the Creator. Within this context, the mandate of KYRHA comes from:

- Legislation (relevant provincial and federal legislation)
- Ministry of Health and its policies and procedures
- Community (the community mandate is illustrated in the priority issues as defined by the community in 1998/99)
- The partnerships that are developed by the Regional Health Authority

Our Mission and Principles

Mission

The Wholistic Health of the Keewatin Yatthé residents.

Wholistic health is:

- An all encompassing concept which incorporates the individual, family, community, region, and the world at large
- A balance of physical, mental, emotional, and spiritual wellness
- A belief that the health of a person is tied the health of the family and the health of the community and visa versa
- Being responsible for one's own health. By being responsible, an individual's ability to make better health decisions for yourself and your family is strengthened, and you can participate more fully in your community
- Looking at the heart of the issue - Asking why is it that I, my family, my community are unhealthy?
- Having to work together
- The spelling of wholistic is deliberately chosen to emphasize the concept of the "whole," a state of completeness. It means that people are able to meet their own needs, living their full potential

Principles

We believe that adults are responsible for their own health supported by their extended family and local community. We believe that the role of the Regional Health Authority is to assist individuals, families, and communities to develop the knowledge, skills, abilities, and resources to carry out this responsibility. In carrying out our role, the Keewatin Yatthé Regional Health Authority will act in accordance with the following principles:

- We will show respect for everyone as a foundation for working together
- We will focus on healthy communities by emphasizing those factors that build healthy individuals and families
- We will focus on healing in our own lives and in the individuals, families, and communities in our region
- We will recognize in our programs, services, and activities, that a significant component of wholistic healing is the healing of our spiritual lives and will support individual and family approaches to spiritual healing
- We will strive to create an attitude of responsibility and self-reliance in our people, our families, and our communities
- We will support, strengthen, and build upon the skills, knowledge, and energy of our board members, our staff, and the people of the region so that we can all work towards our full health potential
- We will build upon our strengths, we will remediate our weaknesses, and we will not violate our potential
- We will strive to meet the needs of all our people in our decisions, our programs, and our activities
- We will do our best to encourage and support the healing initiatives of our people, families, and local communities
- We will support community caring and other traditional strengths in our programs and activities.
- We will utilize the skills, talents, and abilities of local people as much as possible in all initiatives, programs, and activities
- We will build on our existing community-based services
- We will strive for excellence in our quality of care, in the quality of our workplace, and in the qualifications, skills, and attitudes of our staff. We will insist that our standards of care and range of services will not be less than any other health region in Saskatchewan and Canada
- We will remain committed to the continuing development and enhancement of a Northern Health Strategy in cooperation with our northern health partners that enhance outcomes for people at the local level

What Do We Do

KYRHA is home to two integrated health centres and three primary care centres as well as Outreach and Education sites in Cole Bay, Jans Bay, Patuanak, Turnor Lake, Michel Village and St. Georges Hill.

Our integrated health centres:

- St. Joseph's Health Centre in Ile a la Crosse La
- Loche Health Centre in La Loche

Key services include:

- Impatient facility
- Emergency
- Acute Care
- X Ray and Lab
- Physician/Medical Health Clinic
- Public Health Clinic
- Home Care
- Long Term Care
- Social Detox in-patient
- Mental Health and Addictions
- Community Outreach and Education Worker
- Dental Therapist
- Physical Therapy – Based out of ILX
- Community Health Development Programs

Our primary care clinics offer a 24/7 RN on-call coverage and EMS services. The following highlights community specific services.

Buffalo Narrows

- Primary Care Clinic services to Buffalo Narrows and surrounding communities
- Physicians Services (Four days a week)
- Full time Primary Care Registered Nurses
- Home Care Licensed Practical Nurse
- Special Care/Home Health Aids
- Full time Public Health Nurse
- Emergency Medical Services
- Community Outreach and Education Worker
- Dental Therapist
- Addictions Counselor
- Mental Health Therapist
- Medical Transportation
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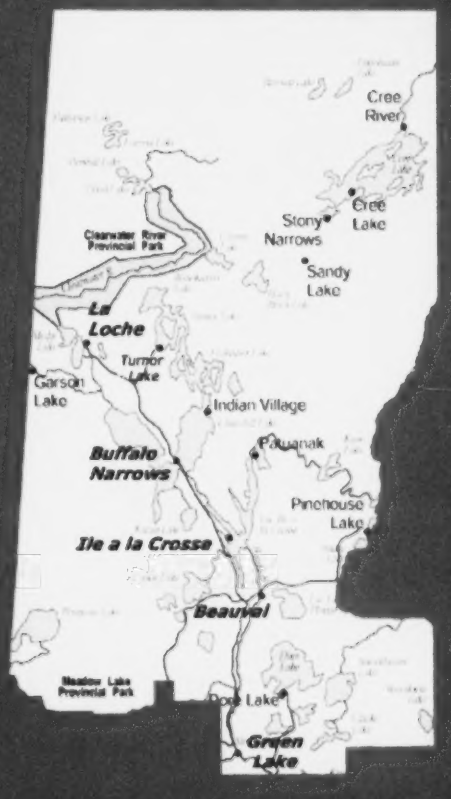

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- Full time Public Health Nurse
- Emergency Medical Services
- Community Outreach and Education Worker
- Dental Therapist
- Addictions Counselor
- Mental Health Therapist
- Medical Transportation
- Community Health Development Programs

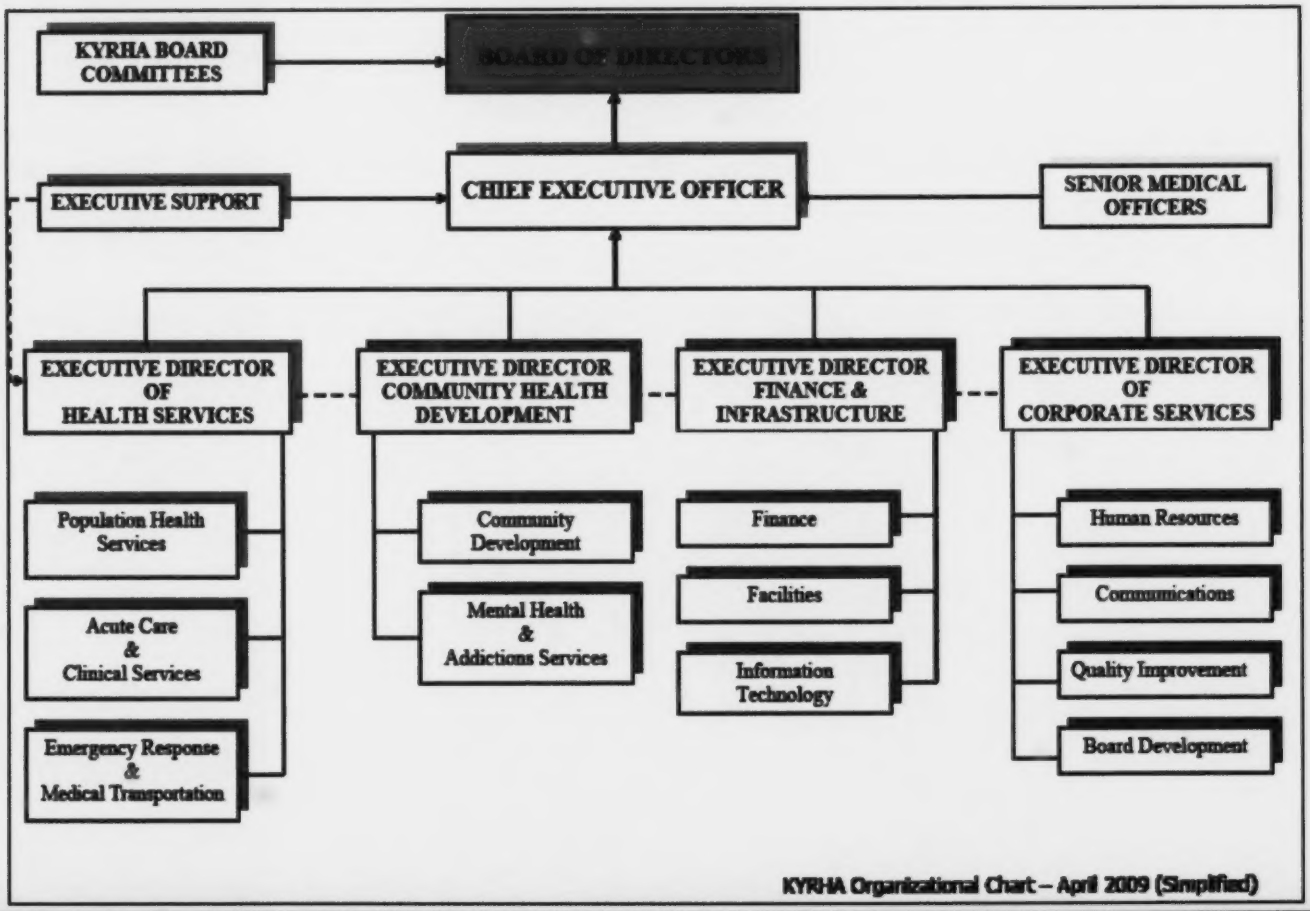
Beauval

- Primary Care Clinic services to Beauval and surrounding communities.
- Physicians Services (Two days a week)
- Full time Primary Care Registered Nurses
- Full time Public Health Nurse
- Home Care Licensed Practical Nurse
- Special Care/Home Health Aids
- Community Mental Health Registered Nurse
- Dental Therapist
- Addictions Councilor
- Emergency Medical Services
- Community Outreach and Education Worker
- Community Health Development Programs

Green Lake

- Full time Registered Nurse/Public Health and Home Care Nurse
- Community Outreach and Education Worker
- Home Care Coordinator

KYRHA Organizational Chart



KYRHA Organizational Chart – April 2009 (Simplified)

The Four Pillars

In response to the Patient First Review, the Ministry of Health has set the following strategic destination: "Within the next three years the Saskatchewan Health System will improve the individuals' health care experience across the continuum…"

Strategic and operational directions for the health sector involves key initiatives for each Regional Health Authority, which include significant improvement in client experiences in hospitals (including both surgical and ER), in Long Term Care, Public Health Centres, and in Mental Health.

To provide guidance and to improve accountabilities in accomplishing these key initiatives, four strategic focuses were developed, called the Four Pillars, which consist of:

- The 'Health of the Individual': focuses on improvement of the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations, achieve timely access to evidence-based and quality health services and supports, and the continuous improvement of health care safety in partnership with patients and families.

- The 'Health of the Population': addresses the improvement of population health through health promotion, protection and disease prevention, collaboration with communities, other ministries and different levels of government to close the gap in health disparities

- The 'Providers': recognizes the importance of building a workplace that supports the adoption of both patient- and family-centered care and collaborative practices; the need to work together to create safe, supportive, and quality workplaces; and the development of a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers.

- 'Sustainability': outlines how we will work to achieve the best value for money while improving the patient experience and population health; improve transparency and accountability through measurement and reporting; and the strategic investment in facilities, equipment, and information infrastructure to effectively support operations.

Standards of Conduct, Ethics, Values

With approximately 350 employees, KYRHA continues to take a leadership role in promoting and protecting the health of KYRHA region residents. Our commitment to excellence in our quality of service is embedded in the foundational mandate of the RHA. Our commitment to fulfilling the national standards set by the Canadian Council on Health Services Accreditation, has led us to launch the KYRHA Ethics Advisory Committee (EAC), comprising of both RHA employees and private citizens. One of the duties of the EAC is to develop an Ethical Framework for ethical decision making. The RHA is working to ensure that every employee has received training on the Ethical Framework.

In order to improve and sustain a standard of excellence in service delivery, an enhanced KYRHA General Orientation Program was developed and implemented September 2009 which all new and existing employees must participate in. This will allow employees to have a good understanding of service delivery expectations. Every new employee is receiving this orientation and existing employee will have completed this program by March 2011.

Strategic Challenges

There are a number of challenges to the delivery of health services in our region. It is very important the KYRHA keep mindful of providing services that are culturally relevant and honouring to a population that is over 80% First Nations and Métis, with English as a second language to the majority of our population.

Additional factors include:

- A growing aging population
- A significant youth population 50% of the region residents being under the age of 24,
- Economic and workforce challenges
- The continued increase in preventable diseases and the challenge of health promotion which changes the focus of our region residents to the prevention of illness and maintenance of good health
- Limited and aging infrastructure to accommodate corporate and clinic facilities and limitations in the information and communication technology affecting efficiencies in the organization
- Limited housing in the majority of our communities to accommodate employees of the RHA
- Attracting and retaining skilled professionals especially for nursing and specialist positions, management and administrative positions, and EMS
- High sick time and overtime impacts quality of service, level of productivity and morale, and significant budgetary expeditures
- Alcohol, drug abuse, gang activity, suicides/attempted suicides pose a significant challenge to the health system and to the communities of the region

The region continues to use the community health development approach to work collaboratively with municipalities and agencies to partner in addressing issues which will help to strengthen our youth population. Programs and initiatives which support youth in the region include: leadership development; addressing mental health and addictions challenges through special forums; Applied Suicide Intervention Skills (ASIST) and safeTalk comprehensive training; health promotion and disease prevention.

Major Changes

The region underwent a restructuring in May 2009 to increase efficiencies in the support area and to improve patient care. A restructured organizational chart is illustrated on page 11. In the restructure, the region went from five Directors (Director of Finance, Director of Human Resources, Director of Corporate Services, Director of Primary Health Services, and Director of Community Health Services) to four with a realignment of scope of responsibilities. The new positions became Executive Directors of Finance & Infrastructure, Corporate Services (absorbing the Human Resources Department), Primary Health Services, and Community Health Development.

Health Care Organizations

Health care organizations are those organizations that receive funding from a regional health authority to provide health services. Health care organizations include both non profit and for profit organizations.

A health care organization is defined as:

- an affiliate; or
- prescribed person that receives funding from a regional health authority to provide health services;

Affiliates are those not for profit organizations that operate hospitals and special care homes. Typically these facilities are owned by faith-based organizations or other community groups with their own boards of directors.

Prescribed persons that receive funding from a regional health authority include for-profit special care private ambulance operators as well as organizations providing mental health and addictions services. These organizations are listed in Table 1 of The Regional Health Services Administration Regulations.

All health care organizations are required to provide health services in compliance with all provincial legislation and policy.

Health care organization boards are accountable to the owners of the facilities. At the same time, these boards are accountable to the Minister of Health and to the regional health authority in which they operate for the programs and services they provide.

There are two Health Care Organizations within the KYRHA:

- Meadow Lake Tribal Council provides after hour nursing coverage for adjacent communities.
- Ile a La Crosse Friendship Centre runs the Successful Mother's Program which helps to give children the best possible start in life.

Governance and Transparency

Keewatin Yatthé Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of the Wholistic Health Services within the geographical area known as the Keewatin Yatthé Health Region. The Authority sets the direction through the strategic plan and through its monthly meetings with management and public.

KYRHA moved from a 12 member Board to seven members in January 2009, with cross regional representation. The Health Authority does not have any formal committees as all discussions occur with the entire Board in attendance. Board committees, if required, are established on an ad hoc basis to deal with specific issues as they arise.

The Chief Executive Officer (CEO) reports directly to the board and is responsible for establishing, recommending, and monitoring all operations under the KYRHA.

The Senior Management team works closely with the CEO and is comprised of the Executive Directors of: Primary Health Services, Community Health Services, Human Resources, Finance, and Corporate Services.

The following is a list of activities that the region has carried out in its commitment to transparency:

- Board meetings are open to the public and are advertised in local newspapers and media outlets in English, Cree, and Dene
- Board Notes, which share the formal discussion points and resolutions, made during monthly board meetings are made available both internally and externally
- Meetings are scheduled with the community leaders as needed to discuss various community issues and concerns
- The use of newsletters (both internally and externally), timely news releases, Public Service Announcements, and the KYRHA Web site further enhance awareness of the RHA's activities.
- Annual Reports are made available to the public upon request and through the link on the KYRHA website, through college and career fairs, key partnership meetings, and at other regional presentations
- Managers, coordinators, and front-line service providers attend interagency meetings to gain insight into community issues and to be involved in a team approach to community healing
- Day Programs, Wellness Clinics, and Friendship Days are provided on a regular basis giving individuals in attendance an opportunity to participate in activities in their own community which focus on health promotion and disease prevention initiatives
- Maintenance of regional partnerships
- Commitment to provide individual requests for information in a timely manner
- Commitment to open and timely communication to regional taxi operators about allocation of medical trips for clients

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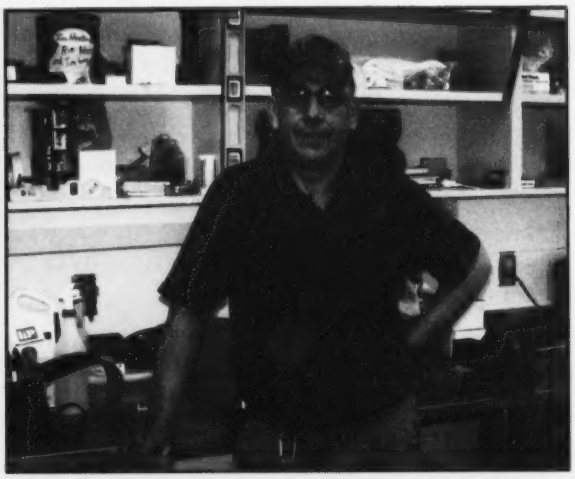
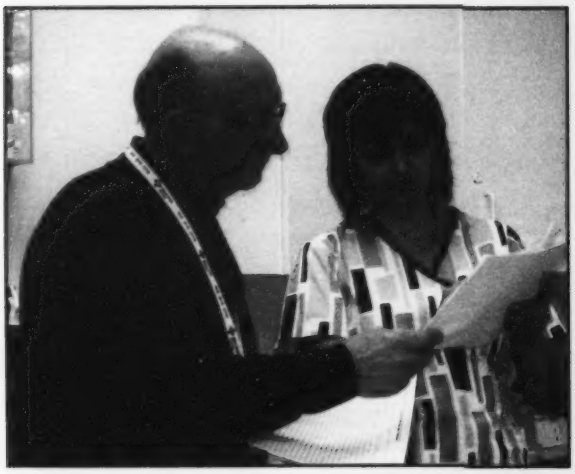
- Provision of a Payee Disclosure List as requested by the Ministry of Health.
- Policies are in all regional facilities and available to the general public at their request: (1) Representative Workforce Strategy is in the Human Resources Policy (2) Hiring processes are detailed in the Collective Bargaining Agreement and Human Resources Policy.
- Participation on various Provincial Committees to keep abreast of best practices on transparency.

Our Region

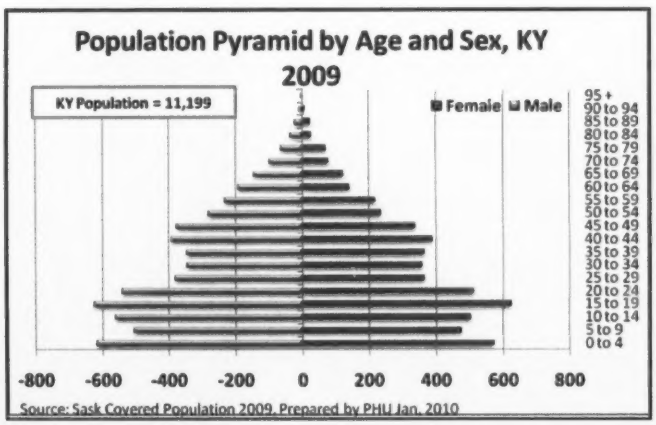
The Keewatin Yatthé (KY) Health Region continues to have a young population. In 2009, KY 29% of its population under 15 and only 6% aged 65 or older. Saskatchewan had only 19% under 15 but 15% were aged 65 or older. The KY population steadily increased between 1994 and 2004, from 9,953 individuals in 1994 to 11,434 individuals in 2004.

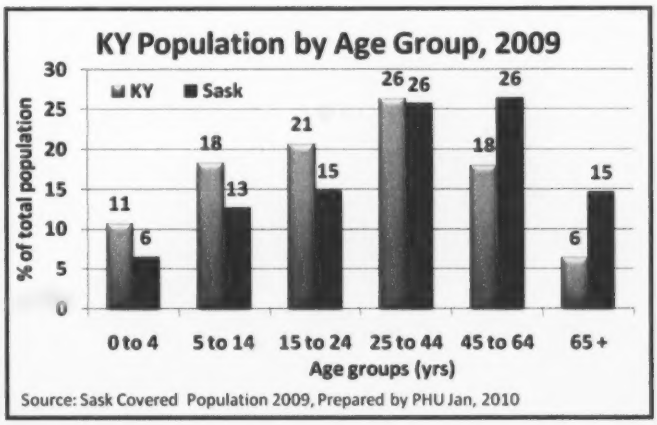
The population fluctuated from 2004-2009, however, there was a decrease in the population in 2009 to 11,199 individuals, which is now lower than 2004 levels.

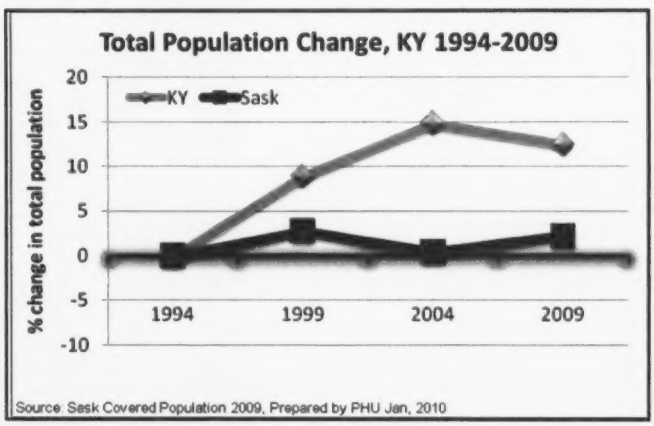
During the same time period the provincial population has remained fairly stable, with just over a million individuals. The largest growth in the KY population over the past 10 years occurred in 40+ age groups, while ages 10 and below and the 30-39 year old age groups had the largest decreases. The changes in each of these age groups have implications on health needs and health service requirements.

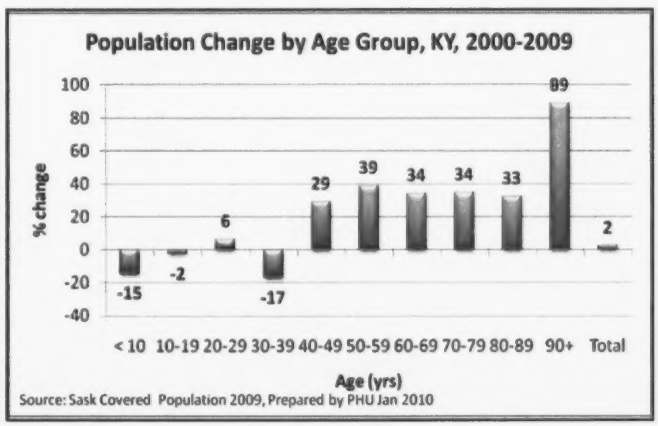
KY along with Mamawetan Churchill River Health Region and the Athabasca Health Authority have the highest 'dependency ratio' of all other health regions in Canada, comparing the number of youth under 20 and elders over 65 years of age with the 'working' population of 20-64 years. Regions with high dependency ratios indicate economically stressed areas.

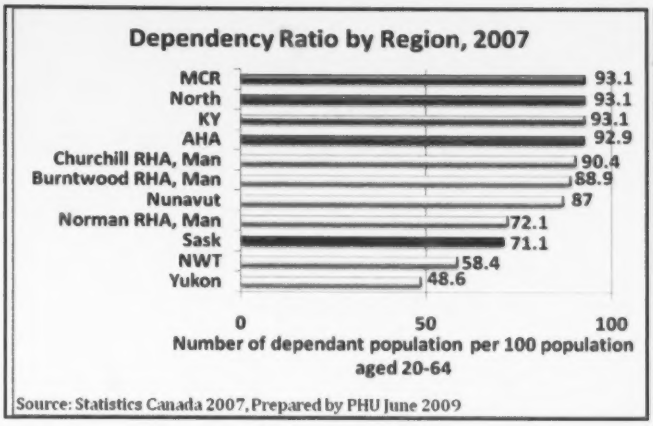
In 2006, approximately one third of the residents lived on-reserve (32% on-reserve, 68% off-reserve). This is in marked contrast to the overall Saskatchewan population, where only 5% of the population live in reserve communities. KY also has a high Aboriginal population with a high knowledge and use of Aboriginal languages.

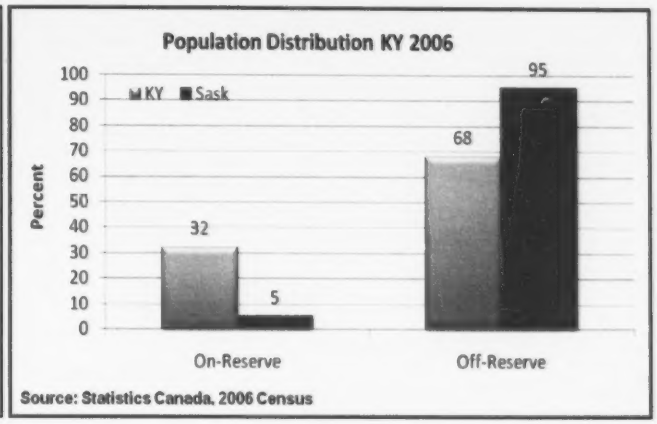




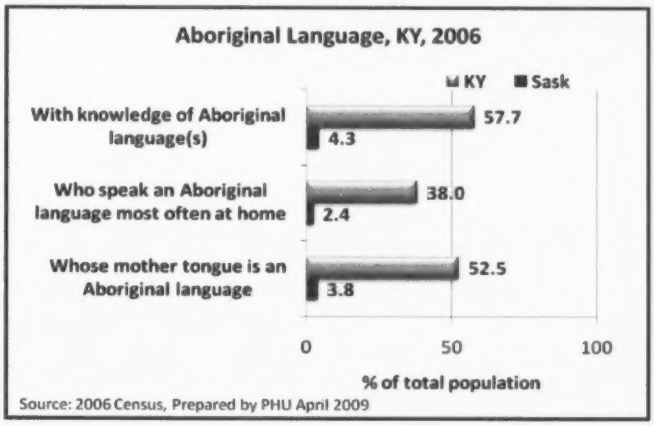


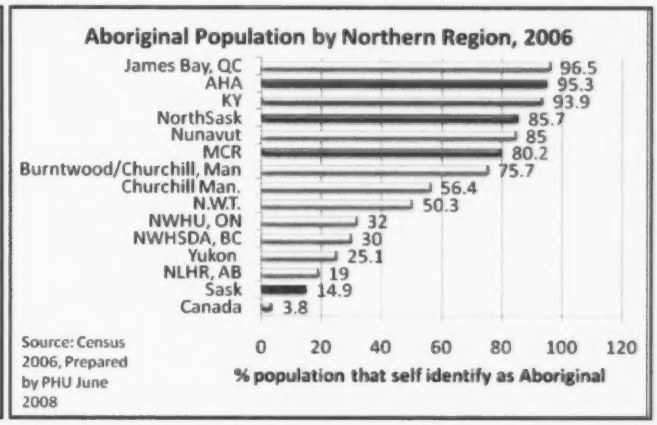






The median age for KY in 2006 was only 23.3 years, compared to 38.7 for the province (Census, 2006)



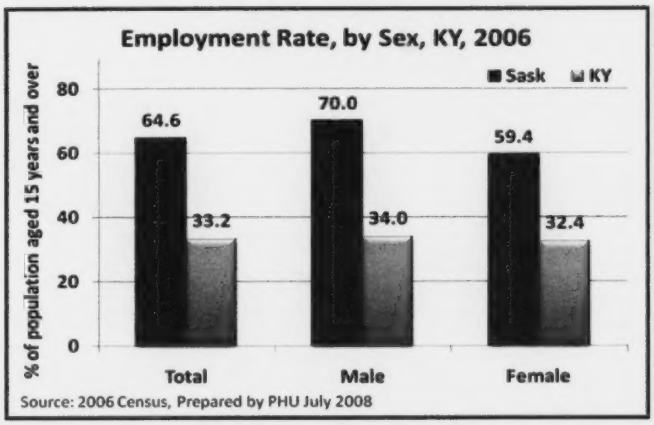


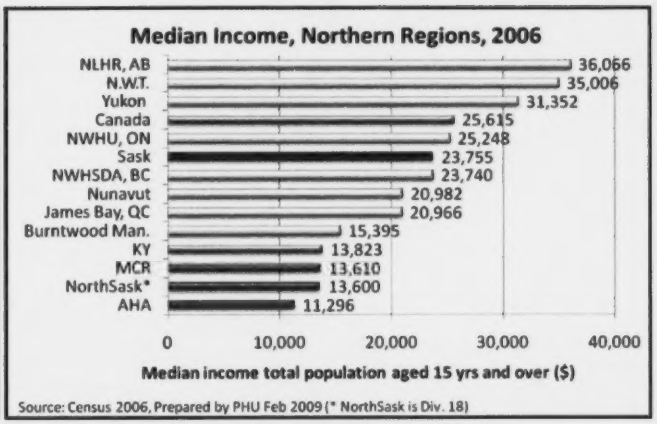
Non-medical (socio-economic) determinants of health

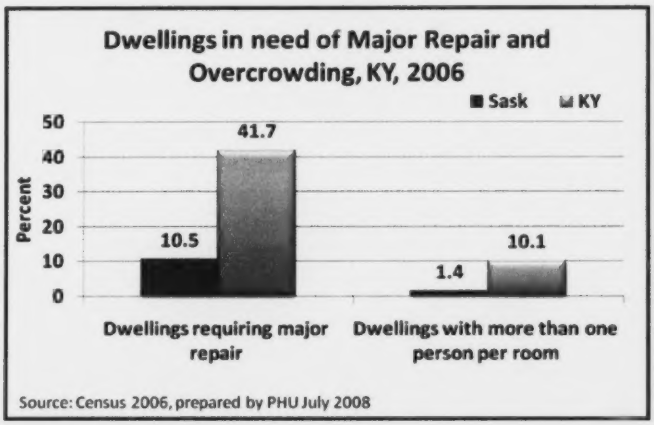
Over the past several decades there has been expansion in the understanding of what determines our health. Initially, there was great emphasis on access to medical care and genetic predisposition.

However, this understanding has switched to a much broader appreciation of the many factors that help determine the health of individuals and communities. These many factors are defined as the determinants of health and include determinants such as education, culture, income, and employment.

KY has low employment and subsequent low personal income levels, as well as having higher rates of crowding, housing in need of major repair, and elevated food costs.



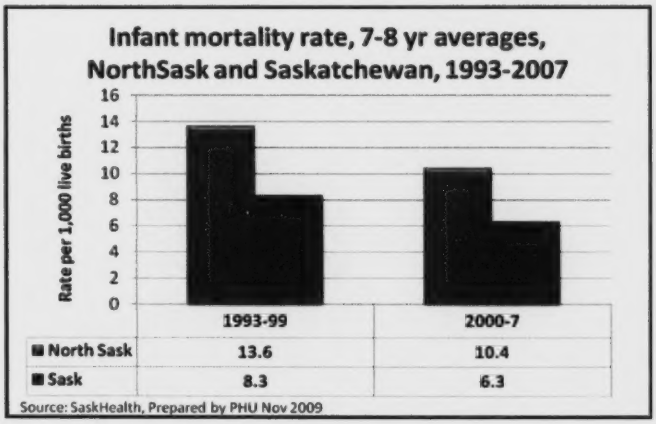




Health Status

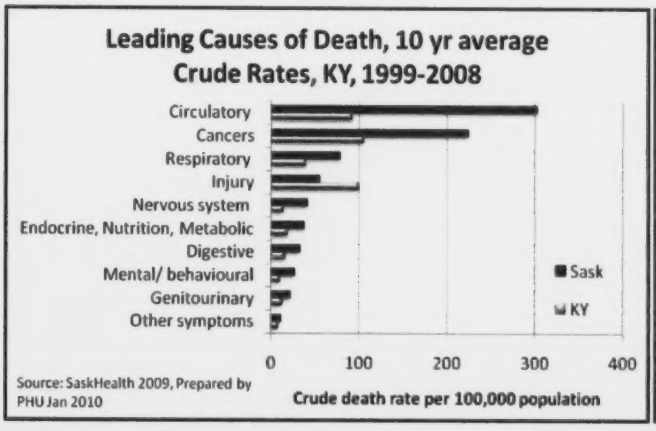
The infant mortality rate is a measure of child health and also of the well-being of a society. It reflects the level of mortality, health status, and health care of a population, and the effectiveness of preventive care and the attention paid to maternal and child health.

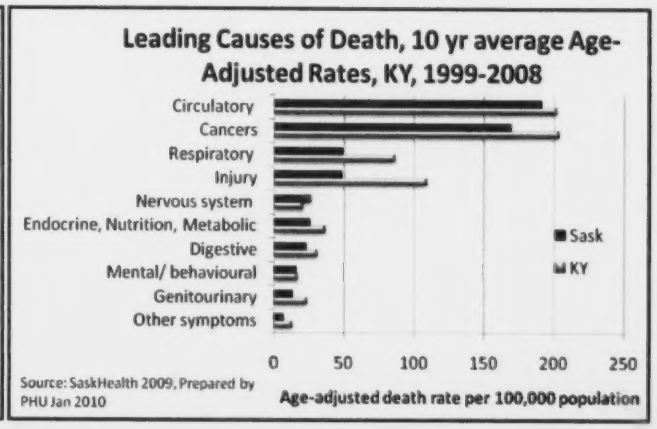
The infant mortality rate in Northern Saskatchewan decreased slightly from 13.6 deaths per 1000 live births in 1993-1999, to 10.4 in 2000-7. During the same time period the provincial rate also decreased from 8.3 to 6.3 deaths per 1,000 live births.



The northern rate remains 1.6 times the provincial rate. Increased funding and efforts aimed at reducing infant mortality in northern regions over the past several years have been focused on improving prenatal nutrition and prenatal care, as well as reproductive health education.

The leading causes of death in KY (crude rate) between 1999 and 2008 were cancer, injuries, and circulatory diseases. In Saskatchewan they were circulatory, cancer and respiratory diseases. To take into account region's younger population, where injuries are more prevalent and chronic diseases are less prevalent, age-adjustments have to be made for a more accurate comparison of health risks with the whole province. This allows us to compare the risk of death from various causes between the populations as if the age structure was the same. The age-adjusted rates still show circulatory diseases, cancers, injuries and respiratory diseases as the four leading causes of death in KYHR, although now KYHR rates are higher than the provincial rates.





The leading causes of mortality in KY between 1999 and 2008 were injuries and various chronic diseases, including circulatory diseases and cancers.

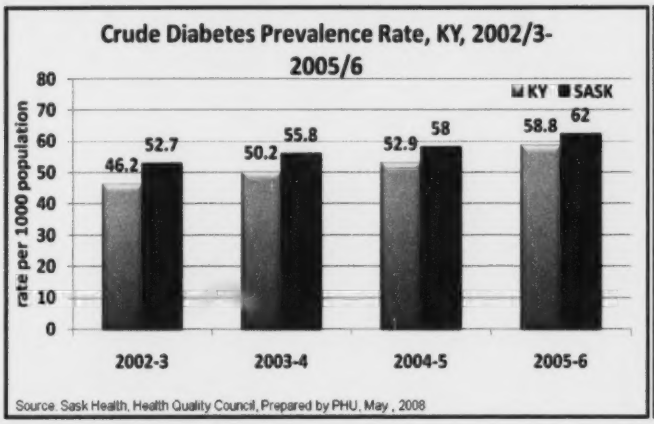
Chronic Diseases and Injuries

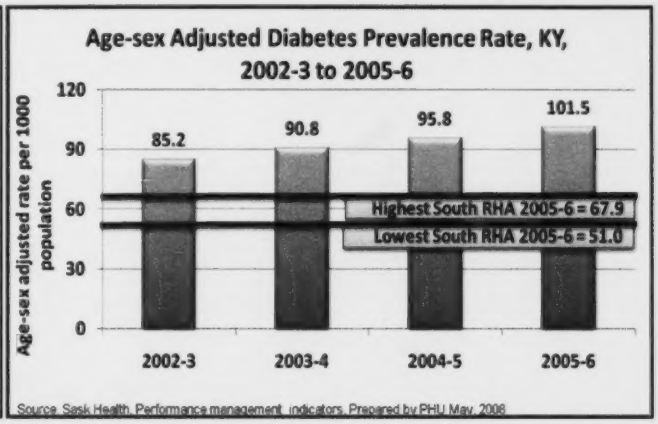
Chronic Diseases

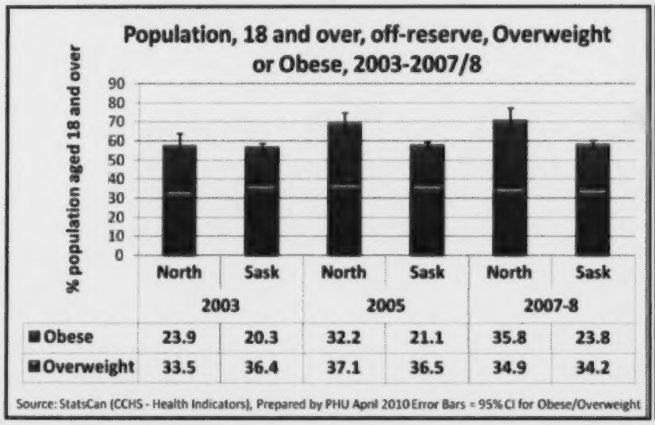
As chronic diseases are a leading cause of illness and death in KY, it is important to monitor their rates and the risk factors. Chronic diseases, including cardiovascular diseases, cancers, and diabetes, result from interactions between many factors, including the conditions themselves, individual genetics, health behaviours and socio-environmental influences. Some common modifiable risk factors include healthy weights, physical activity, and smoking. Regarding healthy weights, people who are classified as overweight have a BMI of 25.0-29.0, while those who are obese have a BMI of 30.0 or greater.

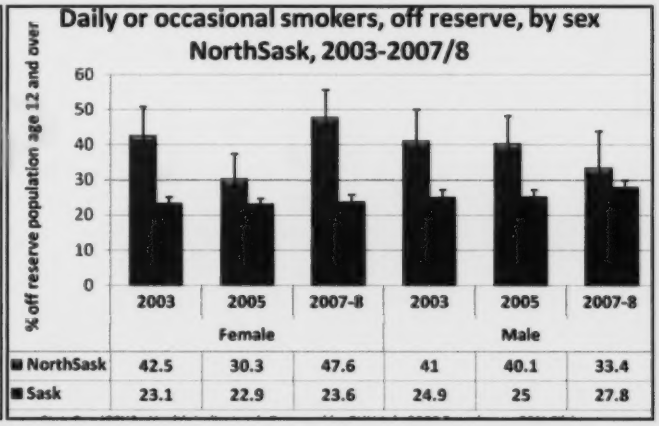
Overall, we see high age-sex adjusted rates of diabetes in KY indicating a greater overall risk of diabetes compared to the southern RHA's. Rates of daily or occasional smoking, as well as being overweight and/or obese are higher in northern Saskatchewan compared to the province. Physical activity levels are higher in the north compared to the province; however the northern rates have been declining faster than the provincial rates.

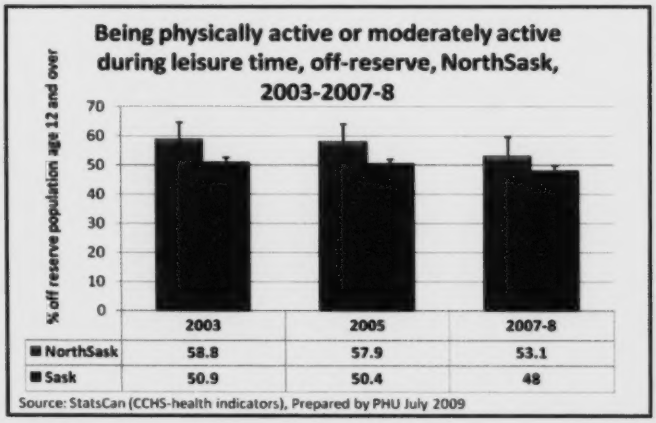
The northern health authorities collaborate on health promotion efforts through the Northern Healthy Community Partnership to help northern residents to reduce their risks for chronic diseases.






Population, 18 and over, off-reserve, Overweight or Obese, 2003-2007/8
% population aged 18 and over
North
Sask
2003
2005
2007-8
Obese 23.9 20.3 32.2 21.1 35.8 23.8
Overweight 33.5 36.4 37.1 36.5 34.9 34.2
Source: StatsCan (CCHS - Health Indicators), Prepared by PHU April 2010 Error Bars = 95% CI for Obese/Overweight


Daily or occasional smokers, off reserve, by sex NorthSask, 2003-2007/8
% off reserve population age 12 and over
2003
2005
2007-8
Female
Male
NorthSask 42.5 30.3 47.6 41 40.1 33.4
Sask 23.1 22.9 23.6 24.9 25 27.8


Being physically active or moderately active during leisure time, off-reserve, NorthSask, 2003-2007-8
% off reserve population age 12 and over
2003
2005
2007-8
NorthSask 58.8 57.9 53.1
Sask 50.9 50.4 48
Source: StatsCan (CCHS-health indicators), Prepared by PHU July 2009

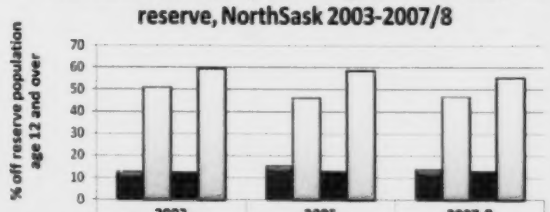
Injuries

Between 1999 and 2008, injuries were the second leading cause of mortality in KY, with the age standardized rate being over twice the provincial rate. Injuries include intentional injuries such as suicides/ self inflicted injuries and assaults, as well as unintentional injuries such as transport accidents and falls. These specific causes of injuries can be related to overall mental well being and involvement in high risk behaviours. Self rated health measures are good indicators of overall health and mental health as they correspond with the individual's personal meaning of health. This personal meaning of health captures components of health, such as early stages of disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function, which other measures cannot.

Between 2003 and 2007/8, rates of self reported very good /excellent health and mental health are lower in northern Saskatchewan compared to the province as a whole. After age adjustments have been made, hospitalization rates for the population aged 0-19 yrs between 1995-6 and 2006-7 are higher for all categories of injury in the north than in the whole province. Hospitalization rates from assaults and self inflicted injuries are 3.3 and 2.9 times higher in the north than in the province. The KY suicide rate nearly doubled between 1999-2003 to 2004-08 and remains 4.5 times higher than the provincial rate

The northern health authorities collaborate on health promotion efforts through the Northern Healthy Community Partnership to develop strategies to address including improved mental well being, decreased substance use, early childhood development and youth programming. The northern health authorities are also working with the Northern Human Services Partnership on north wide suicide prevention.

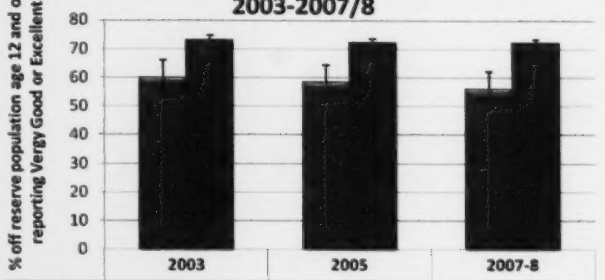
Self Rated Health, Population aged 12 and over, off-reserve, NorthSask 2003-2007/8



	2003	2005	2007-8
North Fair/ Poor	12.8	15.2	13.8
North VG / Excellent	50.7	45.7	46.4
Sask Fair/ Poor	12.1	12.8	12.8
Sask VG / Excellent	59.2	58.2	55.2

Source: StatsCan (CCHS - Health Indicators), Prepared by PHU July 2009

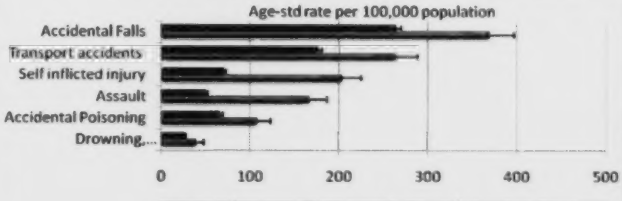
Self Reported Mental Health, off-reserve, 2003-2007/8



	2003	2005	2007-8
NorthSask	59.9	58.5	56
Sask	73	72.1	71.9

Source: StatsCan (CCHS- Health Indicators), Prepared by PHU July 2009

Age-std Injury Hospitalization, Population < 20yrs, by selected causes, 12 yr average rate, 1995-6 to 2006-7



	Drowning, suffocation, & choking	Accidental Poisoning	Assault	Self inflicted injury	Transport accidents	Accidental Falls
Sask	25.57	66.05	50.37	70.41	175.76	264.02
North	38.55	107.69	166.40	203.39	263.92	369.02

Source: SaskHealth 2009, Prepared by PHU March 2010

Suicide Rate, 5yr average, KY, 1999-2008

	1999-2003	2004-2008
KY	27.1	50.4
Sask	10.5	11.3

Source: SaskHealth (HSUR 2007-8), Prepared by PHU Dec, Apr 2010

Communicable Disease and Sexual Health

Many communicable diseases are reportable to the Medical Health Officer in each region including Hepatitis C, HIV, tuberculosis, MRSA, sexually transmitted infections such as Chlamydia, and a variety of others. Currently, many of these diseases have disproportionately high rates in northern Saskatchewan compared to the province as a whole. These infectious diseases, along with other indicators such as teen pregnancy, share some common risk factors, including high risk sexual behaviour, injection drug use, and poverty.

The rate of tuberculosis in northern Saskatchewan, including KY, is exceedingly high. Between 1997 and 2008, the three year average rates in northern Saskatchewan increased from 27 to 42 times the southern Saskatchewan rates. In 2008, the NorthSask rate was higher than any provincial or territorial rate, other than for Nunavut and about 28 times the Canadian rate. Using preliminary PHU data, the crude KY Chlamydia rate has increased from 2005 to 2009 and remains substantially higher than the crude provincial rate.

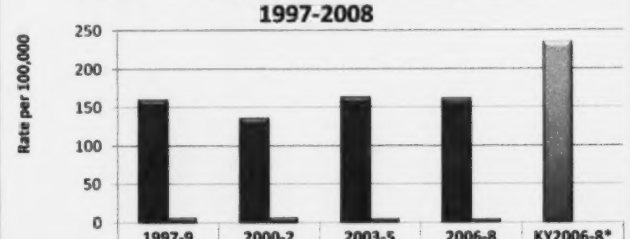
There was a consistent increase in the three year average rate of Hepatitis C occurring in KY between 1998-2000 and 2004-6 before a 37% decrease in 2007-9. However, rates in KY remain elevated when compared nationally, where rates have been steadily decreasing over the past decade.

The three year average teen pregnancy rate in KY increased between 2003-5 and 2006-8, and remains

substantially higher than the provincial rate.

Methicillin-resistant Staphylococcus aureus (MRSA) is a Staphylococcus bacterium resistant to common antibiotics. MRSA seen in northern Saskatchewan usually results in infections ranging from boils and abscesses to severe bone or muscle infections as well as severe pneumonias. MRSA has been steadily increasing in KY since 2001, with the highest rate seen in 2008. KY is addressing these issues through sexual health education, a needle exchange program, community-based hygiene education and initiatives, as well as infection control strategies and the continued development of the northern HIV strategy and TB initiative.

Reported New Active and Relapsed TB Incidence Rate, 3yr averages, Saskatchewan, 1997-2008



	1997-9	2000-2	2003-5	2006-8	KY2006-8*
North Sask	159.1	136.0	162.7	161.5	234.5
South Sask	5.9	5.7	4.4	3.8	

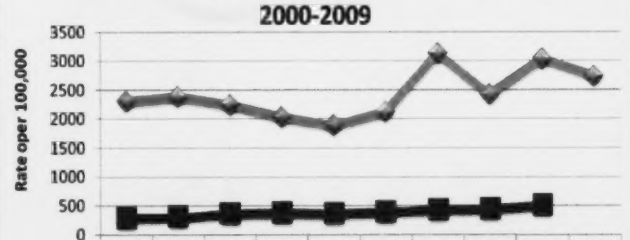
Source: Sask TB Control Program 1998-2007, Prepared by PHU Nov 2009 * Data is preliminary

Selected Canadian New and Relapsed TB Case Rate 2008

	SouthSask	Canada	Yukon	N.W.T.	NorthSask	Nunavut
Rate	4.4	4.8	24.1	30.0	134.3	184.4

Source: Sask TB Control Program 2010, TB in Canada pre-release 2008 Prepared by PHU Mar 2010

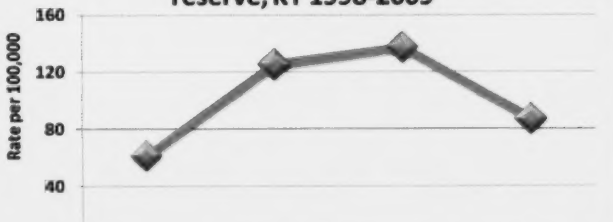
Crude Chlamydia Rate, KY and Sasaktchewan, 2000-2009



	2000	2001	2002	2003	2004	2005	2006*	2007*	2008*	2009*
KY	2305	2389	2252	2041	1898	2132	3134	2424	3041	2741
Sask	287	317	363	377	363	393	431	440	512	

Source: PHU & PHAC, Preapred by PHU Apr 2010 (* Northern data is preliminary)

Hepatitis C, 3 yr average Rates, on and off reserve, KY 1998-2009

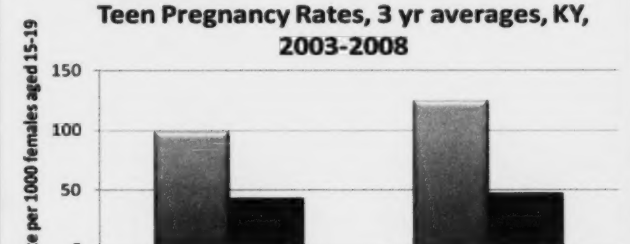


	1998-2000	2001-3	2004-6	2007-9
KY	61.5	125.3	137.5	87.2

Years

Source: PHU, Prepared by PHU Apr 2010

Teen Pregnancy Rates, 3 yr averages, KY, 2003-2008

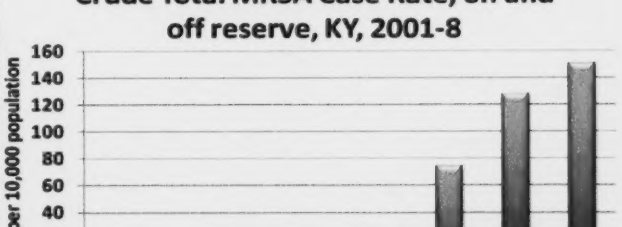


	2003-5	2006-8
KY	98.1	124.5
Sask	42.6	46.9

3 Year period

Source: SaskHealth HSUR 2007-8 Reports, Prepared by PHU Jan 2010

Crude Total MRSA Case Rate, on and off reserve, KY, 2001-8

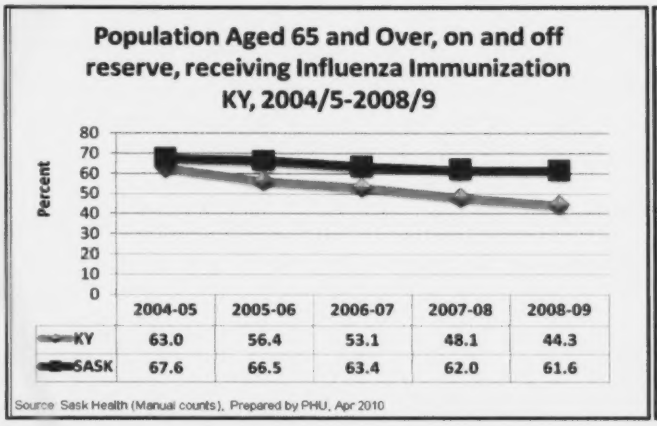


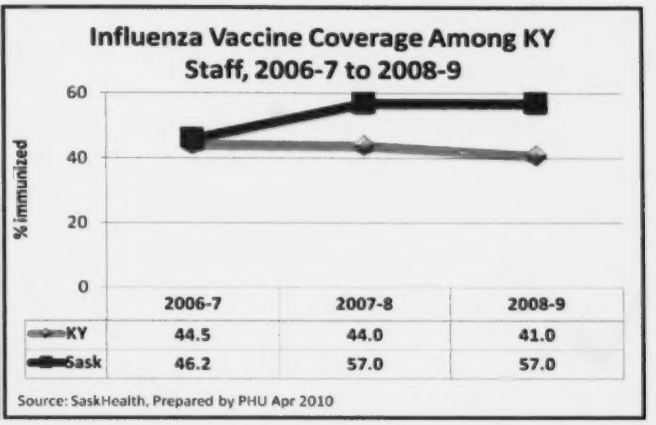
	2001	2002	2003	2004	2005	2006	2007	2008
KY	6.3	*	13.3	6.1	14.9	74.0	127.7	150.8

Source: PHU & NITHA 2001-8 , Prepared by PHU June 2009 (*Data suppressed as cell < 5)

Several other programs in northern Saskatchewan aim to prevent the spread of infectious diseases in vulnerable population. Seasonal influenza immunization-programs help prevent outbreaks of influenza. Overall, KY's influenza coverage rate in the population aged 65 and over has steadily decreasing over the

past five years with its rate in 2008-09 being 17 percentage points below provincial values. Similar results are seen in health care workers, where rates are currently 16 percentage points below provincial values.

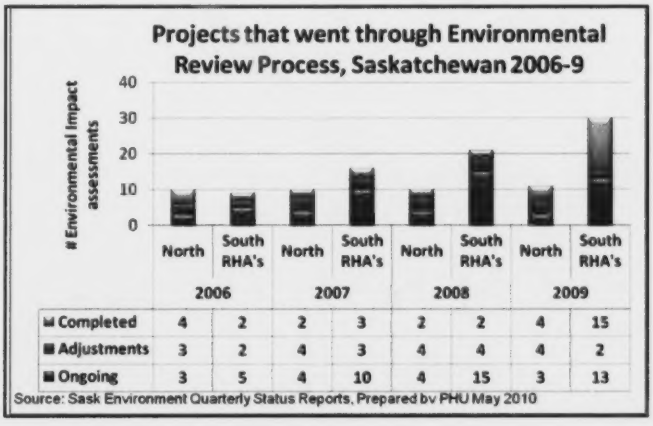




Emerging Issues

There has been significant expansion in the mineral and uranium exploration in the north. This has significant potential ramifications as it relates to population changes, economic development, social health concerns and workload for our Population Health Unit (PHU) and the northern health authorities. Our PHU was involved with the assessment, from a community health impact perspective, of approximately 10-11 projects a year between 2006 and 2009.

In addition, each year the PHU contributed to screening several proposals for projects that may be required to go through the Environmental Impact Accessment (EIA) review process, as well as several human health risk assessments.


Projects that went through Environmental Review Process, Saskatchewan 2006-9
Environmental Impact assessments
40
30
20
10
0
North South RHA's North South RHA's North South RHA's North South RHA's
2006 2007 2008 2009
Completed 4 2 2 3 2 2 4 15
Adjustments 3 2 4 3 4 4 4 2
Ongoing 3 5 4 10 4 15 3 13
Source: Sask Environment Quarterly Status Reports, Prepared by PHU May 2010

2009-10 Performance Results

Representative Workforce

KYRHA continues to have a strong Representative Workforce with approximately 75% of our workfoce declaring First Nations/Métis heritage. On June 3, 2009, we were presented with a "Champion of Change" award from Saskatchwean Association of Health Organizations (SAHO) and the Minister of First Nations and Métis Relations. This award recognized our partnership and efforts in building a Representative Workforce.

Pandemic Planning

The KYRHA Emergency Operations Center (EOC) was activated on April 2009 as pandemic preparedness and precautionary measures of the N1H1 Influenza Virus. The EOC was activated again in October 2009 and mass immunizations were provided in the region to mitigate the spread of the H1N1 Influenza Virus. Through the diligent and focused work of KYRHA employees, support and leadership from the Population Health Unit and our Medical Health Officers, support and assistance from the Ministry, and collaboration with municipalities and First Nation communities, approximately 84% of our population were immunized.

Attendance Support Program

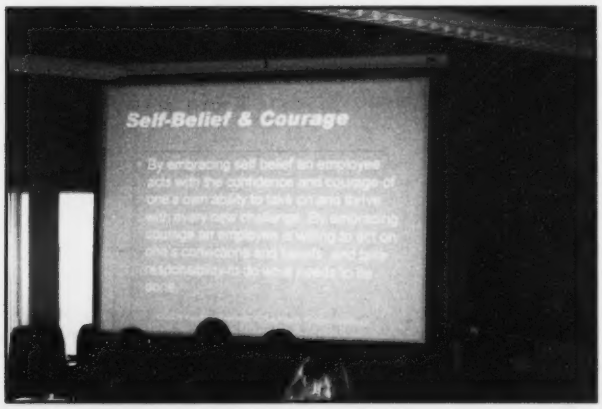
Recognizing that healthy, responsible employees are needed to provide exceptional services to our region residents, the KYRHA Attendance Support Program was developed to address the need to promote regular attendance, reduce absenteeism, and improve accountability and productivity of employees. The program is based on the cooperation of the manager and the employee and therefore, the first stage of implementation was training of our management team with the target date for region-wide implementation set for April 2010.

KYRHA is pleased to report a reduction in Worker Compensation Board (WCB) time lost claims, down by 69% respectively compared to 2008-09. The RHA will continue to work to ensure that support and assistance is available both internally and externally, to overcome the issues that may impact the work of our employees.

Accreditation and Required Organizational Practices

An Accreditation Survey through the Canadian Council on Health Service Accreditation was conducted in February 2010. Thirteen Accreditation teams were created to address Required Organizational Practices needed to meet and maintain Accreditation status. The team's members participated in Accreditation Orientation and education sessions which included: Introduction to Leading an Effective Organization and Connecting the Dots (Indicators, Accreditation and Quality Improvement. We are pleased to report that over 60 employees participated in these training sessions. KYRHA participated in a Patient Safety Culture Survey, the Leadership Self Assessment Questionnaire, and the Worklife Pulse Survey as part of assessing the organization and developing quality improvement roadmaps for the organization. Using the road maps generated from the surveys and questionnaires, the Accreditation Teams intensified efforts throughout the year and a number of significant initiatives were launched. Some of the key initiatives include:

- Ethics Advisory Committee: Committee established and training provided to employees in December 2009 on an Introduction to Health Ethics, Introduction to Organizational Ethics, Establishing and Ethics Advisory Committee, and Developing and Ethical Framework
- KYRHA Wellness Committee: the committee uses the Quality Worklife-Quality Healthcare Collaborative (QWQHC) format in defining, developing, implementing and evaluating a Healthy Workplace and serves an Advisory role to management and employees regarding workplace health and wellness.
- Falls Prevention Committee: to reduce the number of falls and fall related injuries that occur among the elders in our region in health centers, long term care facilities and the community.
- Risk Management Committee: The Risk Management Committee is established by and reports to the CEO. The Committee oversees the RHA's risk management systems, practices and procedures to ensure effectiveness of risk identification and management, and compliance with internal guidelines and external requirements



General Orientation Program – Clear Service Delivery Expectations

KYRHA understands that the development of our employees is essential to successful outcomes as an organization. As part of a quality improvement initiative KYRHA developed an enhanced General Orientation program and launched it on October 2009, to encourage employees to fulfill their full potential in the organization. In addition, the program fulfills the mandate set by the Ministry to provide exceptional service to our clients. New components include: Contagious Kindness, introduction to the KYRHA Ethical Framework, Organizational Values, Customer Service and Patient Safety.

Long Term Care Bed Strategy

The Board approved the KYRHA Long Term Care Bed Strategy in August 2008. This strategy provides a plan for discontinuing the placement of patients in need of long-term care in an acute care bed for any duration of time. The health region does not have the advantage of having assisted living homes or special care homes. The health region will endeavor to provide as much service as possible through home care where a long term care bed cannot be reasonably provided.

Joint SUN/KYRHA Retention and Recruitment Committee

R&R Committee was established in 2009 and held their first meeting in October of that year. The region was granted additional funding for nursing positions and this committee worked together to determine they key additional positions required: Clinical Nurse Educator, Community Mental Health Nurse for La Loche, Primary Care Nurse for Green Lake, an Nurse Coordinator for our acute care facilities in ILX and LL, a half-time Regional Clinical Nurse Homecare Supervisor, and a Multi-facility Nursing position. The Committee is also working with the nursing staff to determine recruitment and retention initiatives for the KY region.

Future Outlook / Emerging Issues

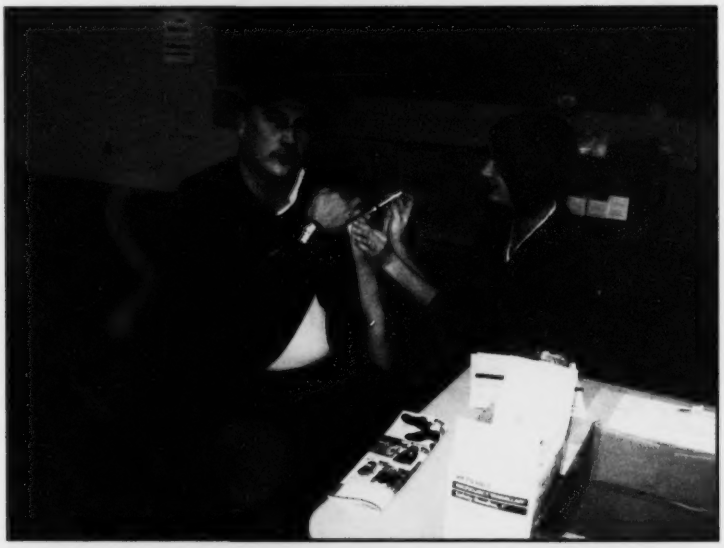
KYRHA remains deeply committed to striving for excellence in our quality of care, in the quality of our workplace, and in the qualifications, skills, and attitudes of our staff. The standards of care must be no less than any other health region in Saskatchewan and Canada.

The RHA continues to experience similar challenges which exist in remote RHA's across the country, including: staff shortages, recruitment and retention of key positions such as Nurses, CLXT's, EMS, Dietetics and other specialty programs. Additional challenges in Human Resources includes: available work pool, sick time, and over time. Delivery of services covers one of the largest geographical areas for an RHA in the province, mileage costs are higher, road conditions are poor and hazardous (i.e. gravel access roads to catchment communities, broken pavement, and prolific potholes), resulting in increased cost in vehicle maintenance and damage repairs and increased time needed for travel to allocation of tasks.

Municipalities and the private sector in the Health Region continue to be limited in their ability to provide sufficient housing needed for our staff and adequate capital facilities to house our clinics and corporate offices. Regular power outages cause disruption to services and breakdown of essential equipment. Shortages of accommodations and inadequate facilities directly affects morale, organizational wellness, occupation health and safety, and weigh heavily in our recruitment and retention capabilities.

Demographic trends in the region continue to show an increasing elder population, and a youth ration (0-24 years) comprising approximately 50% of the population. The Population Health Unit (PHU) reports show heart disease, diabetes, and injuries as the three prevalent trends in the region. This report also includes high rates of sexually transmitted infections (STI's), tuberculosis (TB), and Methicillin-resistant Staphylococcus aureus (MRSA), partially due to lack of education, awareness, and domestic overcrowding.

There continues to be great expectations and demands on delivery of service, however, the promotion of self-reliance is critical to any progress made in health status. As our region faces these challenges in health status, we know that it would not be possible for us to address the many issues that impact health delivery without the support of strong and viable partnerships. There are many groups, agencies, organization, and levels of government, as well as individuals that have an influence on health. It is our belief that improvements in health can only come from these many sectors, including community leadership working together, and we are committed to working together with these partnerships to develop collaborative and proactive solutions to meet the needs of our health region residents now and into the future.



Financial Summary

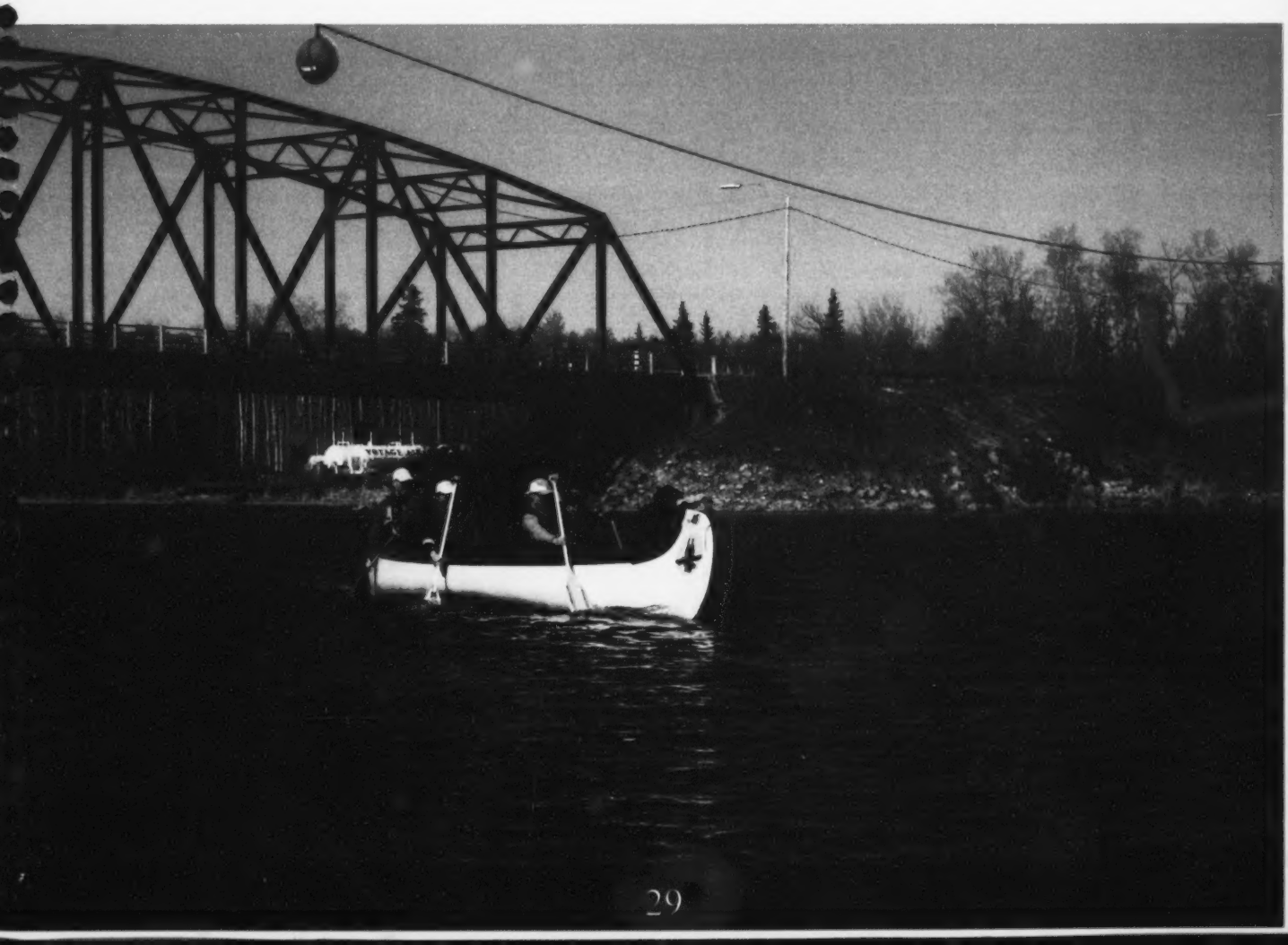
The region's financial position changed from a $76K deficit in the third quarter to a $509K surplus at year end. The favourable change was primarily due to increased ministry revenue, unanticipated SUN Fund revenue based on higher than expected FTEs and higher than forecasted H1N1 reimbursement.

Excessive overtime compensation and reliance on expensive contract labour in Acute/Primary Care nursing, Emergency Medical Services (EMS) and Laboratory Services continues to strain financial and human resources. There have been some reductions in overtime costs and sick time costs, however the areas still comprise over 11% of total expenditures.

Recruitment successes have created housing pressures. There is a limited supply of affordable safe housing within the region's communities, which has created financial pressures as the region is force to subsidize housing to provide equity.

Absenteeism continues to be an issue in the region, creating a $652k unfunded pressure. Some of this pressure has been offset by vacancies, as these vacancies are filled serious efforts need to be taken to control absenteeism cost.

The region's program support expenditures as a percent of total operating expenses were 11.3% under the threshold of 12% and a working capital ratio of 1.17.



Keewatin Yatthé Regional Health Authority Payee Disclosure List

For the year ended March 31, 2010

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED March 31, 2010

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

NAME	AMOUNT
AGUINALDO, ROSALINA	$177,438
ALI, CHINAGORO	85,808
AUBICHON, VERNA	66,578
AWULA, LYDIA	159,694
BALLANTYNE, BETSY	98,147
BIRKHAM, JOELLE	82,061
BODNARUS, CARLA	76,465
BRUNELLE, ELIZABETH	121,804
CAMPBELL, DEBORAH	82,366
CHARTIER, PAUL	80,088
CLARKE, CATHY M	55,432
CLARKE, CRYSTAL	100,004
CLARKE, IRIS	97,116
CLARKE, SANDRA	79,730
COOK, MARK	131,657
CORRIGAL, ANNA	92,236
COTE, KATHLEEN	96,535
DAIGNEAULT, DIANIA	52,446
DAIGNEAULT, ROBERT	75,021
DESJARLAIS, DENISE	53,767
DUBRULE, LOUIS	52,840
DUROCHER, AMY	55,402
DUROCHER, MARLENA	101,606
DUROCHER, MARTIN	75,080
DUROCHER, PETER	75,157
ECHAVEZ, MARILOU	107,296
ELLIOTT, HILDA	68,342
EWART, JEANNE	50,356
FAVEL, DENNIS	51,509
FAVEL, DONALD	63,957
FIGURASIN, HYACINTH	115,784
FONTAINE, ALICIA	78,345
FORDE, MAUDLIN	97,693
FOWLER, JENETTE	96,559
GARDINER, CHRISTINE	91,412
GARDINER, MELANIE	81,923
GARDINER, ROBERT	54,935
GARDINER, SHERI	85,044
GARINGER, MARCIE	82,307
GIBBONS, EDITH	95,042
GORDON, CALLA	74,924
HANSEN, CINDY	71,626
HANSEN, MARLENE	69,749
HANSON, BRENDA	79,332
JANVIER, ANTOINETT	52,236
JANVIER, EDWINA	54,571
JANVIER, KYLIE	73,355
JOSE, SUNNY	86,242
JOSEPH, RANI	120,399
KALATHIPARAMBIL, SAM	72,416
KELLER, GRACE	78,990
KIMBLEY, SHARON	105,040
KISSICK, MARGARET	76,360
KLYNE, JOSEPH	71,064
KOSKIE, MEGAN	86,405
LAFLEUR, LEANNE	70,663
LARIVIERE, ANN	133,613
LARIVIERE, PRISCILLA	80,162
LEMAIGRE, ANTOINETT	81,801
LEMAIGRE, ROSANNE	85,063
LISTOE, EILEEN	104,850
MACLEOD, JASON	63,434
MALBEUF, ELAINE	105,376
MANI, MINI	144,199
MATERNE, ROWENA	99,059
MCGAUGHEY, CALVIN	80,967
MCLEAN, BEVERLY	79,043
MIDGETT, LORI	117,005
MONTGRAND, GLENDA	87,381
MORIN, APRIL	85,851
MORIN, DARRYL	63,922
MORIN, IDA	116,734
MORIN, SHAELENE	76,693
MUENCH, LYLA	107,176
PAUL, VIRGIL	64,461
PEDERSEN, PHYLLIS	111,635
PELLETIER, EARL	66,572
PERREAULT, ARMANDE	81,555
PETIT, RICHARD	126,032
PICHE, CAROL	78,007
REDIRON, SANDY	111,369
REIGERT, CINDY	83,743
RIEMER, ANN	71,256
ROY, LORRAINE	77,248
SERIGHT-GARDINER, PEARL	141,504
SHATILLA, DENNIS	67,079
SOLOMON, ZACHERY	117,036
SOLWAY, LORETTA	59,721

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED March 31, 2010

Personal Services Continued

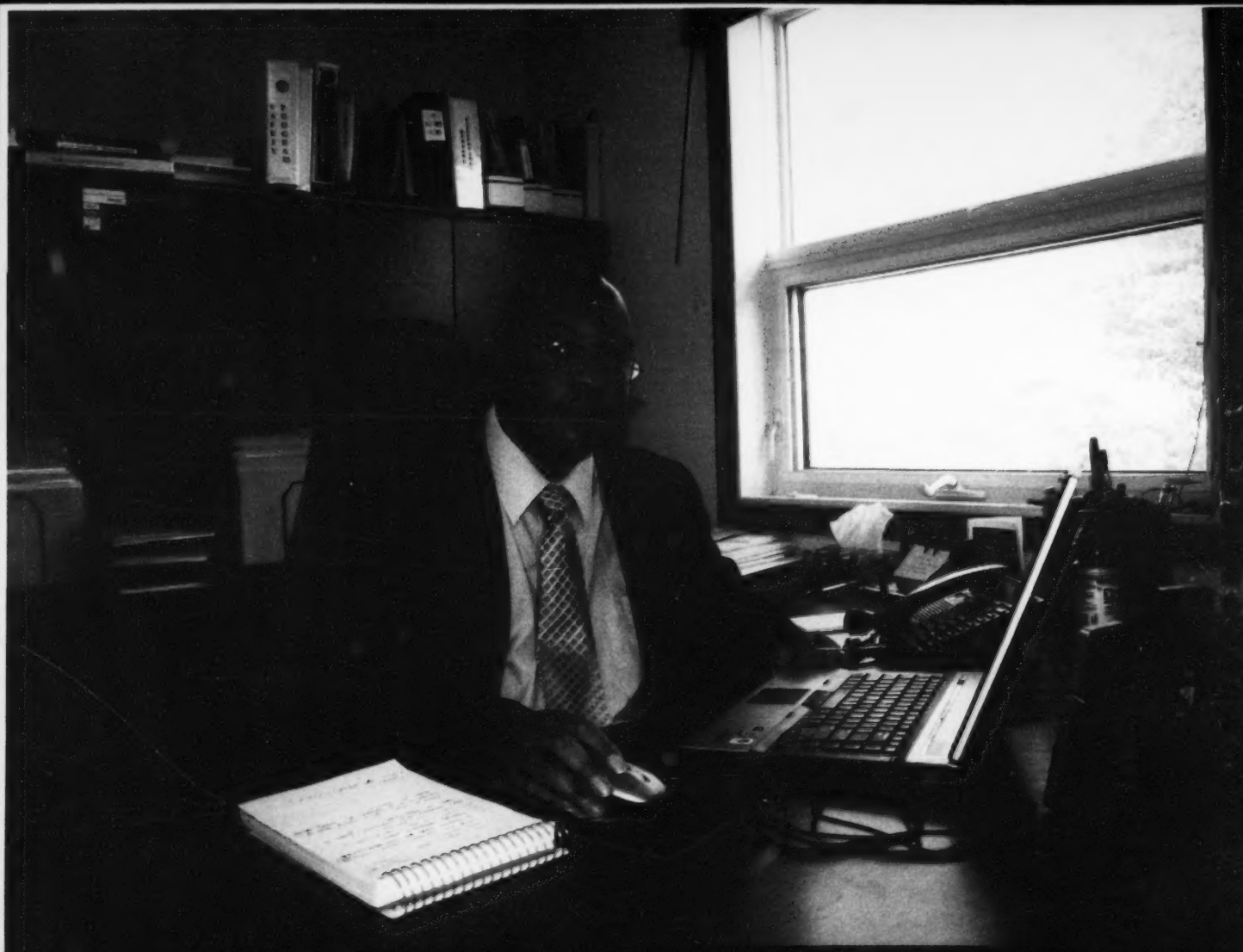
NAME	AMOUNT
HANSON, JOLENE	68,413
HERMAN, DEAN	102,052
HERMAN, JUDY	63,250
HERMAN, KEVIN	53,186
HERMAN, SIMONE	100,862
HODGSON, ROBERTA	52,372
HURD, SHELLY	89,690
WELWOOD, MICHAEL	56,377
WENZEL, BONNIE	109,172
WESELOWSKI, TESSA	69,258
WIERZBICKI, NYLE	99,036
WOODS, DORIS	69,834

NAME	AMOUNT
SOROKAN, STACEY	93,659
TAYLOR, PATRICIA	57,714
THOMPSON, MARLENE	106,017
TINKER, TRACY	82,411
VARGHESE, JISHA	53,119
WAITE, CANDICE	65,413
WALLACE, ROBIN	128,767

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED March 31, 2010

Vendor Services

Vendors	Description	Debit	Credit	Amount
ACCREDITATION CANADA	$55,708.12	$0.00	$55,708.12	
HENRY SCHEIN ASH ARCONA	$65,358.64	$8,516.82	$56,841.82	
THE NORTH WEST COMPANY	$60,108.46	$13.20	$60,095.26	
ACCESS 2000 ELEVATOR & LIFT INC.	$61,270.00	$0.00	$61,270.00	
HUMAN RESOURCES SERVICES LTD.	$61,602.26	$0.00	$61,602.26	
CHERRY INSURANCE	$63,184.75	$0.00	$63,184.75	
JOHNSON & JOHNSON MEDICAL PRODUC	$65,656.36	$0.00	$65,656.36	
NORTH WEST AGENCIES	$65,826.00	$0.00	$65,826.00	
M.D. AMBULANCE CARE LTD.	$67,500.00	$0.00	$67,500.00	
SGEU - LTD	$67,770.96	$0.00	$67,770.96	
LA LOCHE NON-PROFIT HOUSING CORP	$70,511.00	$2,448.00	$68,063.00	
HOSPIRA HEALTHECARE CORP	$75,276.51	$384.30	$74,892.21	
PRAIRIE NORTH REGIONAL HEALTH AU	$76,497.05	$1,330.56	$75,166.49	
SUPREME BASICS OFFICE PRODUCTS	$76,965.83	$718.75	$76,247.08	
ILE A LA CROSSE DEVELOPMENT CORP	$80,610.00	$1,340.00	$79,270.00	
SGEU	$85,178.07	$0.00	$85,178.07	
SAHO	$89,986.52	$0.00	$89,986.52	
NORTH SASK LAUNDRY	$92,282.47	$393.84	$91,888.63	
THE GREAT WEST LIFE ASSURANCE CO	$96,070.14	$0.00	$96,070.14	
MAMAWETAN CHURCHILL RIVER REGION	$110,640.00	$0.00	$110,640.00	
SASK. POWER	$123,676.73	$1,852.56	$121,824.17	
SAHO-DISABILITY INCOME PLAN	$125,119.79	$0.00	$125,119.79	
SCHAAN HEALTHCARE PRODUCTS	$152,537.32	$418.92	$152,118.40	
MCKESSON CANADA	$166,819.21	$9,955.28	$156,863.93	
SASK HEALTHCARE EMPLOYEES PENSIO	$161,880.78	$2,423.84	$159,456.94	
NORTHERN MEDICAL SERVICES	$163,026.90	$69.34	$162,957.56	
SAHO- CORE DENTAL PLAN	$163,559.18	$0.00	$163,559.18	
NIGHTINGALE NURSING GROUP (2009)	$177,217.55	$0.00	$177,217.55	
SASKTEL	$181,623.92	$494.20	$181,129.72	
UNIVERSITY OF MANITOBA	$245,452.32	$26,882.00	$218,570.32	
SYSCO SERCA FOOD SERVICES INC.	$227,910.22	$1,251.35	$226,658.87	
THE MINISTER OF FINANCE	$279,705.86	$3,747.45	$275,958.41	
SAHO-I/S EN DENTAL EX HEALTH PLA	$288,957.20	$0.00	$288,957.20	
FEDERATED CO-OPERATIVES LTD.	$296,543.52	$0.00	$296,543.52	
SASKATCHEWAN WORKER'S COMP BOARD	$316,659.59	$0.00	$316,659.59	
ILE A LA CROSSE SCHOOL DIVISION	$344,416.43	$0.00	$344,416.43	
THE MINISTER OF FINANCE	$443,916.22	$56,715.09	$387,201.13	
THE RECEIVER GENERAL FOR CANADA	$4,961,353.47	$10,992.21	$4,950,361.26	
Total	**$10,308,379.35**	**$129,947.71**	**$10,178,431.64**	



Keewatin Yatthé Regional Health Authority Management Report

Date: May 14, 2010

Keewatin Yatthé Regional Health Authortiy
Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Keewatin Yatthé Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

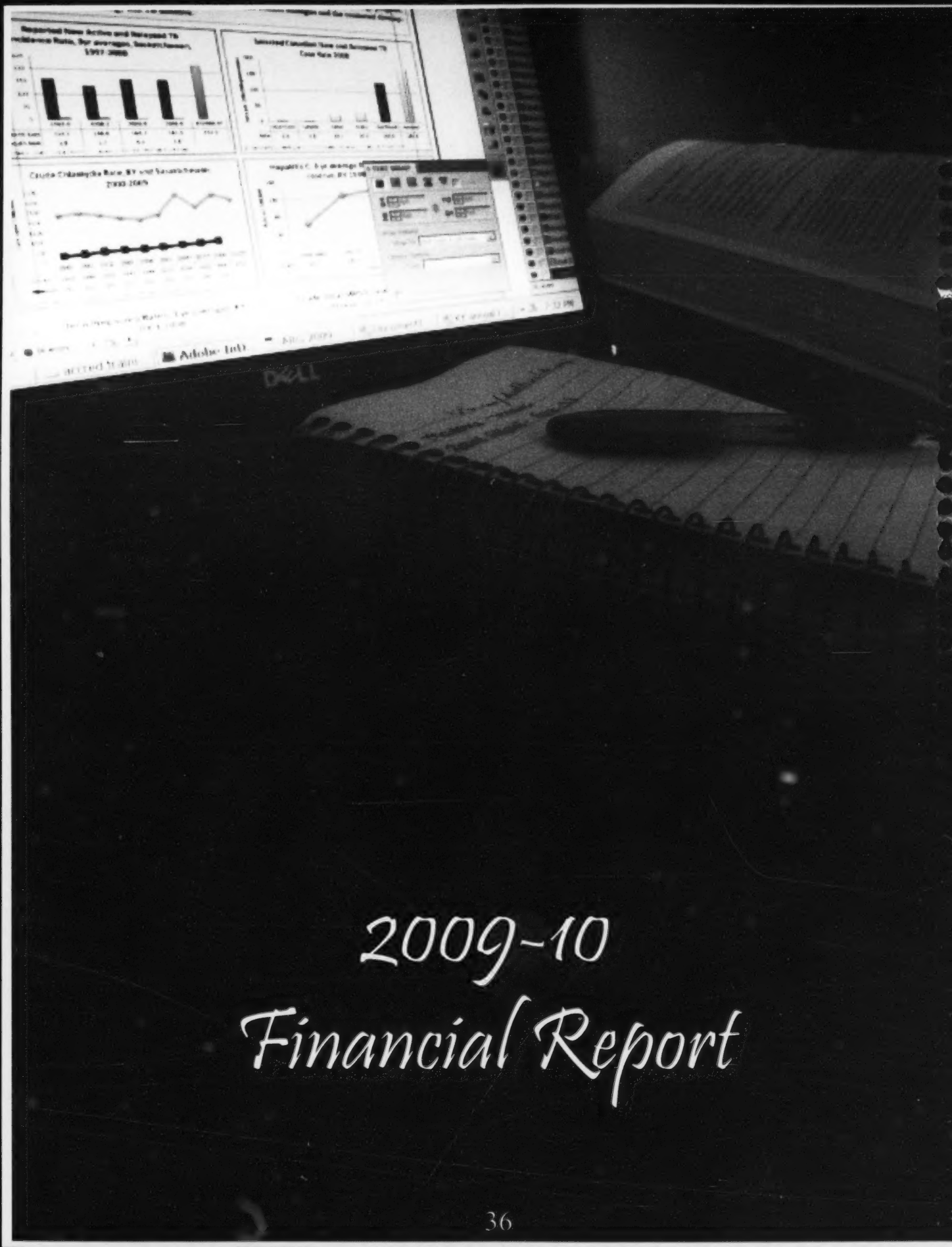
Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an option on the fairness of the financial statements prepared by Management.

Richard Petit
Chief Executive Officer

Zachery Solomon
Executive Director of
Finance and Infrastructure



2009-10 Financial Report

AUDITORS' REPORT

To: The Keewatin Yatthé Regional Health Authority

We have audited the statement of financial position of the Keewatin Yatthé Regional Health Authority as at March 31, 2010 and the statements of operations, changes in fund balances, cash flows, and supporting schedules for the year then ended. These financial statements are the responsibility of the Keewatin Yatthé Regional Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Keewatin Yatthé Regional Health Authority as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

Prince Albert, Saskatchewan
May 14, 2010

Chartered Accountants

MNP

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
For The Year Ended March 31, 2010

STATEMENT 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2010	Total 2009 (Note 9)
ASSETS					
Current assets					
Cash and short-term investments	$4,899,430	$217,356	-	$ 5,116,786	$ 4,841,419
Accounts receivable					
Ministry of Health - General Revenue Fund	-	380,739	-	380,739	511,369
Other	792,810	120	-	792,930	657,231
Inventory	381,970	-	-	381,970	354,243
Prepaid expenses	145,107	-	-	145,107	80,699
	6,219,317	598,215	-	6,817,532	6,444,961
Investments (Schedule 2)	6,797	1,012	-	7,809	5,669
Capital assets (Note 3)		25,062,390	-	25,062,390	25,994,438
Total Assets	$ 6,226,114	$ 25,661,617	$ -	$ 31,887,731	$ 32,445,068
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$1,284,576	-	-	$ 1,284,576	$ 2,222,466
Accrued salaries	1,292,300	-	-	1,292,300	232,260
Vacation payable	1,336,252	-	-	1,336,252	1,633,295
Deferred Revenue (Note 5)	1,389,042	-	-	1,389,042	1,402,754
	5,302,170	-	-	5,302,170	5,490,775
Long term liabilities					
Total Liabilities	5,302,170	-	-	5,302,170	5,490,775
Fund Balances:					
Invested in capital assets	-	25,062,390	-	25,062,390	25,994,438
Externally restricted (Schedule 3)	-	-	-	-	-
Internally restricted (Schedule 3)	-	599,227	-	599,227	545,153
Unrestricted	923,944	-	-	923,944	414,702
Fund balances – (Statement 2)	923,944	25,661,617	-	26,585,561	26,954,293
Total Liabilities & Fund Balances	$ 6,226,114	$ 25,661,617	$ -	$ 31,887,731	$ 32,445,068

Commitments (Note 4)
Pension Plan (Note 10)

Approved by the Board of Directors:

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The accompanying notes and schedules are part of these financial statements.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALENCES
For The Year Ended March 31, 2010

STATEMENT 2

	Operating Fund			Restricted			
	Budget 2010	2010	2009 (Note 9)	Capital Fund 2010	Community Trust Fund 2010	Total 2010	Total 2009 (Note 9)
REVENUES							
Ministry of Health - general	22,228,704	$22,892,495	$21,287,803	$210,500	$0	$210,500	$607,049
Other provincial	282,000	85,000	-	-	-	-	-
Federal government	199,000	199,000	179,166	-	-	-	-
Funding from other provinces	-	-	-	-	-	-	-
Special funded programs	293,050	449,869	291,153	-	-	-	-
Patient fees	1,121,429	1,027,172	1,148,244	-	-	-	-
Out of province (reciprocal)	-	-	-	-	-	-	-
Out of country	-	-	-	-	-	-	-
Donations	-	1,121	-	49,087	-	49,087	4,503
Investment	18,000	14,919	82,294	77	-	77	1,054
Ancillary	-	-	-	-	-	-	-
Recoveries	103,000	165,915	155,633	53,600	-	53,600	-
Unrealized gain - financial instruments	-	-	-	-	-	-	-
Other	30,000	63,921	101,410	-	-	-	-
Total revenues	24,275,183	24,899,412	23,245,703	313,264	-	313,264	612,606
EXPENSES							
Province wide acute care services	53,898	53,419	53,660		-	-	-
Acute care services	8,732,927	8,566,868	8,472,128	554,981	-	554,981	539,132
Physician compensation - acute	53,000	28,578	45,000		-	-	-
Supportive care services	1,514,576	1,786,372	1,605,952	513,822	-	513,822	493,340
Home based service - supportive care	1,213,876	1,275,275	1,205,723	983	-	983	-
Population health services	2,668,238	2,621,273	2,480,030	25,443	-	25,443	23,376
Community care services	2,527,378	2,294,710	2,005,201	1,454	-	1,454	1,383
Home Based Services - acute & palliative	-	-	-	-	-	-	983
Primary health care services	1,978,394	2,157,580	1,863,607	10,325	-	10,325	15,738
Emergency response services	2,015,982	2,185,722	2,182,216	52,424	-	52,424	3,989
Mental health services - inpatient/residential	500,833	519,423	493,641	-	-	-	-
Addictions services - residential	-	-	-	6,229	-	6,229	1,070
Physician compensation - community	-	-	-	-	-	-	-
Program support services	2,789,903	2,753,416	2,655,050	25,579	-	25,579	34,933
Special funded programs	153,505	79,743	107,895	-	-	-	-
Ancillary	72,674	67,792	88,302	-	-	-	-
Total expenses (Schedule 1)	24,275,183	24,390,171	23,258,405	1,191,240	-	1,191,240	1,113,944
Excess (Deficiency) of revenues over expenses	-	509,241	(12,702)	(877,976)	-	(877,976)	(501,338)
Fund balances, beginning of year		414,702	427,404	26,539,591	-	26,539,591	27,040,929
		-		-	-		
Fund balances, end of year		$ 923,943	$ 414,702	$ 25,661,615	$ -	$ 25,661,615	$ 26,539,591

The accompanying notes and schedules are part of these financial statements.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOWS
For The Year Ended March 31, 2010

STATEMENT 3

	Operating Fund		Restricted Fund			
			Capital	Community	Total	Total
	2010	2009	Fund	Trust Fund	2010	2009
		(Note 9)				(Note 9)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenditure	$ 509,241	$ (12,702)	$ (877,976)	$ -	$ (877,976)	$ (501,338)
Net change in non-cash working capital (Note 6)	(145,184)	1,420,497	(142,764)	-	(142,764)	164,701
Amortization of capital assets	-	-	$1,175,845	-	1,175,845	1,139,006
Investment income on long-term investments	-	-	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	15,395	-	15,395	(25,062)
	364,057	1,407,795	170,500	-	170,500	777,307
Purchase of capital assets						
Buildings/construction	-	-	(41,515)	-	(41,515)	(231,014)
Equipment	-	-	(217,675)	-	(217,675)	(568,951)
Proceeds on disposal of capital assets			-			
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	29,301
Purchase of long-term investment	-	(4,657)	-	-	-	(1,012)
	-	(4,657)	(259,190)	-	(259,190)	(771,676)
Repayment of debt	-	-	-	-	-	-
Net increase (decrease) in cash & short term investments during the year	364,057	1,403,138	(88,690)	-	(88,690)	5,631
Cash & short term investments, beginning of year	4,535,373	3,132,235	306,046	-	306,046	300,415
Interfund transfers	-	-	-	-	-	-
Cash & short term investments, end of year (Schedule 2)	$ 4,899,430	$ 4,535,373	$ 217,356	$ -	$ 217,356	$ 306,046

The accompanying notes and schedules are part of these financial statements.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

As at March 31, 2010

1. Legislative Authority

The Keewatin Yatthé Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Keewatin Yatthé Health Region, under section 27 of *The Act*. The Keewatin Yatthé RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Fund Accounting

The accounts of the Keewatin Yatthé Regional Health Authority are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the Regional Health Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the Regional Health Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

b) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Patient fees are recognized in the period for which the goods or services are provided.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

c) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 ½% to 5%
Land and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair market value at the date of contribution (if fair value can be reasonably determined).

d) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

e) Inventory

Inventory consists of general stores, pharmacy and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Pension

Employees of the Keewatin Yatthé Regional Health Authority participate in several multi-employer defined benefit pension plans or a defined contribution plan. The Keewatin Yatthé Regional Health Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Keewatin Yatthé Regional Health Authority expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2010 (2009 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.
The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

3. Capital Assets

	March 31, 2010			March 31, 2009
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 115,000	$ -	$ 115,000	$ 115,000
Land Improvements	-	-	-	-
Buildings	27,577,467	4,232,838	23,344,629	24,152,060
Equipment	4,844,486	3,241,725	1,602,761	1,727,378
	$ 32,536,953	$ 7,474,563	$ 25,062,390	$ 25,994,438

4. Commitments

a) Capital Asset Acquisitions

At March 31, 2010 commitments for acquisition of capital assets were $0 (2009 - $81,986).

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2011	$ 366,061
2012	366,061
2013	366,061
2014	366,061
2015	366,061

c) Contracted Health Service Operators

The RHA contracts on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided by these operators in the prior fiscal year.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

As at March 31, 2010

5. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Aboriginal Awareness Training	12,200	-	-	12,200
Autism Framework & Action Plan	75,000	-	-	75,000
Chief of Staff	24,000	24,000	-	-
Childrens Mental Health Services	49,269	-	-	49,269
Health Quality Council - Lean Funding	-	903	119,975	119,072
Hipa	26,175	-	-	26,175
Home Care STA	10,238	-	-	10,238
Case Mgt Training	15,000	-	-	15,000
Mentorship July 1-Nov 30/08		-	10,900	10,900
Nurse Recruitment	176,309	-	-	176,309
Graduate Nurse Mentorship	17,100	17,100	-	-
Nursing Safety Training Initiative	13,324	-	-	13,324
Pharmacist	20,000	-	-	20,000
PC-Team Development NP- ILX, LL, BN - Exp's	141,139	85,130	-	56,008
Primary Care ILX LLCH - Compensation	229,492		-	229,493
EMS Registrants	7,525	7,525	-	-
New Alcohol & Drug Initiatives	274,668	75,340	-	199,328
Quality Workplace	-	-	26,423	26,423
Safety Training	-	-	10,569	10,569
Sask Housing Capital Fund Ref	-	-	38,285	38,285
Team Development (Facilitator Position)	174,244	9,815	-	164,429
Workforce Planning Initiative	63,909	-	-	63,909
Total Sask Health	**$ 1,329,591**	**$ 219,813**	**$ 206,152**	**$ 1,315,931**
Non Sask Health Initiatives				
MCRRHA	$ 19,609	-	-	$ 19,609
Cognitive Disability	53,553	51	-	53,502
Total Non Sask Health	**$ 73,162**	**$ 51**	**$ -**	**$ 73,111**
Total Deferred Revenue	**$ 1,402,753**	**$ 219,864**	**$ 206,152**	**$ 1,389,042**

6. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2010	2009	Capital Fund	Community Trust Fund	Total 2010	Total 2009
(Increase) Decrease in accounts receivable	$ (14,677)	$ 997	$ 9,608	$ -	$ 9,608	$ 12,329
(Increase) Decrease in inventory	(27,727)	(30,172)	-	-	-	-
(Increase) Decrease in prepaid expenses	(64,408)	42,209	-	-	-	-
(Increase) Decrease in financial instruments	(2,140)	-	-	-		-
Increase (Decrease) in accounts payable	(785,518)	963,038	(152,372)	-	(152,372)	152,372
Increase (Decrease) in accrued salaries	1,060,040	(388,208)	-	-	-	-
Increase (Decrease) in vacation payable	(297,043)	325,414	-	-	-	-
Increase (Decrease) in deferred revenue	(13,711)	507,219	-	-	-	-
	$ (145,184)	$ 1,420,497	$ (142,764)	$ -	$ (142,764)	$ 164,701

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2010, was $18,255 (2009 - $5,183). These amounts are not reflected in the financial statements.

8. Related Parties

These financial statements include transactions with related parties. The Keewatin Yatthé Regional Health Authority is related to all Saskatchewan Crown agencies such as departments, ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Regional Health Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Regional Health Authority is related to other non-Government organizations by virtue of its economic interest in these organizations.

Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

Accounts Payable	2010	2009
Ile a la Crosse School Division	-	207
Mamawetan Churchill River Regional Health Authority	82,540	110,540
Prairie North Regional Health Authority	111	114,765
Saskatchewan Association of Health Organizations	62,030	14,393
Saskatchewan Government Services	37,806	67,094
Saskatchewan Health Employee Pension Plan	116,713	109,089
Saskatchewan Worker's Compensation Board	182,882	157,763

Expenses	2010	2009
Ile a la Crosse Development Corporation	85,950	80,610
Ile a la Crosse School Division	344,624	175,265
La Loche Non-profit Housing Corporation	75,679	65,904
Mamawetan Churchill River Regional Health Authority	110,640	110,540
North Sask Laundry	102,422	100,493
Northlands College	10,691	59,880
Prairie North Regional Health Authority	197,434	182,189
Public Employees Pension Plan	64,810	54,324
Saskatchewan Association of Health Organizations	716,389	613,306
Saskatchewan Government Insurance	91,460	62,163
Saskatchewan Government Services	780,503	651,712
Saskatchewan Health Employee Pension Plan	1,104,731	1,140,450
Saskatchewan Housing Corporation	3,842	80,782
Saskatchewan Power Corporation	123,574	117,411
Saskatchewan Telecommunications	213,173	161,283
Saskatchewan Worker's Compensation Board	317,260	292,100

Accounts Receivable	2010	2009
Ile a la Crosse School Division	81,178	49,012
Kids First North	1,340	184,000
Northern Medical Services	-	-
Saskatchewan Health Northern Transportation	122,243	119,896
Senior's Cap Program Benefits	33,451	-
Mamawetan Churchill River Health Region	30,412	-
Saskatchewan Government Employees Union	6,350	-
Saskatchewan Government Insurance	9,440	-

Revenue	2010	2009
Kids First North	184,000	184,000
Saskatchewan Health Northern Transportation	303,809	283,797
Saskatchewan Association of Health Organizations	85,000	-
Saskatchewan Government Insurance	26,324	32,658

In Addition, the Regional Health Authority pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

9. Comparative Information

Certain 2008-09 balances have been reclassified to conform to the current year's presentation.

10. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. **Saskatchewan Healthcare Employees' Pension Plan** (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. **Public Service Superannuation Plan** (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. **Public Employees' Pension Plan** (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation-Benefits in Schedule 1 and is equal to the RHA contributions amount below.

Information on pension plans:

	2010				2009
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	279	-	8	287	282
Member contribution rate, percentage of salary	7.2-9.6%*	-	6.00-7.00%*	-	-
RHA contribution rate, percentage of salary	8.06-10.75%*	-	6.45-7.00%*	-	-
Member contributions (thousands of dollars)	678	110	32	1,160	627
RHA contributions (thousands of dollars)	759	110	32	1,160	696

* Contribution rate varies based on employee group.
1. Active members are employees of the RHA, including those on leave of absense as of March XX, 2010. Inactive members are transferred to SHEPP and are not included.

11. Budget

The RHA Board approved the 2009-10 operating and capital budget plans on May 28, 2009.

12. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The Regional Health Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Regional Health Authority's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

d) Operating Line-of-Credit

The RHA has a line-of-credit limit of $500,000 (2009 - $500,000) with an interest charged at prime. The line-of-credit is non-secured. Total interest paid on the line-of-credit in 2009 was $0 (2009 - $0). This line-of-credit was approved by the Minister in 1999.

13. Volunteer Services

The operations of the Keewatin Yatthé Regional Health Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

14. Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers filed appeals, and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remain a number of individual issues that consist of recommendations that were not agreed to. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by a 3rd party. Dealing with some of these issues is expected to extend until 2011. The results of outstanding issues are currently unknown. The costs of these cannot be reasonably determined at this time.

15. Capital Disclosure

The Keewatin Yatthé Regional Health Authority's objective when managing capital is to safeguard the entity's ability to continue as a going concern, and plan for the replacement of equipment so that it can continue to provide health services. The Authority insures all assets and maintains assets through multi year capital equipment and capital management plans that are supported by a capital infrastructure review. The Authority manages the following capital elements:

Investment in capital assets	$ 25,062,390
Internally restricted reserves	599,227
Unrestricted funds	923,944

16. Collective Agreements

The SGEU contract expired March 31, 2008 and, while the proposed settlement has not been agreed to or ratified by the union, an estimate for the SGEU retroactive settlement of $713,000 has been accrued in the financial statements. The HSAS contract expired March 31, 2009 and negotiations are ongoing. An estimate of the settlement is not determinable at this time. The SUN contract is in effect until March 31, 2012.

17. Contingent Liabilities

The retail pharmacy of operation of the region was discontinued in 2007. Health Canada has audited the operations for the period March 1, 2005 to January 31, 2007 to determine if there was any overbilling by the Region. At present the results of the audit are indeterminable.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2010

SCHEDULE 1

	Budget 2010	Actual 2010	Actual 2009
Operating:			
Board costs	150,760	108,299	139,785
Compensation - Benefits	2,574,419	$2,633,642	$2,387,423
Compensation - Salaries	15,861,267	16,012,239	15,352,959
Diagnostic imaging supplies	22,471	20,347	20,428
Drugs	230,118	236,996	209,182
Food	286,865	286,501	263,578
Grants to ambulance services	-	-	-
Grants to third parties	145,467	138,166	139,100
Housekeeping and laundry supplies	158,606	170,139	151,078
Information technology contracts	28,200	33,152	22,452
Insurance	93,907	96,215	84,594
Interest	-	1,112	238
Laboratory supplies	116,825	155,678	106,315
Medical and surgical supplies	365,897	333,631	343,916
Medical remuneration and benefits	644,122	894,725	698,414
Office supplies and other office costs	304,502	307,096	292,978
Other	650,000	784,993	626,023
Other referred out services	8,500	7,036	8,789
Professional fees	228,171	59,031	46,242
Prosthetics	-	-	-
Purchased services	247,457	256,357	267,894
Rent/lease costs	886,861	819,643	820,738
Repairs and maintenance	166,800	177,028	159,781
Service contracts	97,270	74,067	95,144
Travel	474,698	471,810	554,236
Utilities	532,000	312,268	467,117
	$ 24,275,183	$ 24,390,171	$ 23,258,404
Restricted:			
Amortization		$1,175,845	$ 1,139,006
Loss/(Gain) on disposal of fixed assets		15,395	(25,062)
Mortgage Interest Expense		-	-
Other		-	-
		$ 1,191,240	$ 1,113,944

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2010

SCHEDULE 2

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Innovation Credit Union	$ 118		Prime - 2 1/4%	
Chequing Innovation Credit Union	$217,238			
	$ 217,356			
Term Deposits:				
	$ -			
Total Cash & Short Term Investments	$ 217,356			
Long Term				
Innovation Credit Union Equity	$ 1,012			
Total Long Term Investments	$ 1,012			
Total Restricted Investments	**$ 218,368**			
Unrestricted Investments				
Cash and Short Term				
Chequing and Savings - Innovation Credit Union	$ 4,698,530		Prime - 2 1/4%	
Term Deposit Innovation Credit Union	200,000			
Petty Cash	900			
Total Cash & Short Term Investments	$ 4,899,430			
Long Term				
Innovation Credit Union Equity	$ 6,797	1/27/2015	10.25%	8.00%
Other	-			
Other	-			
Total Long Term Investments	$ 6,797			
Total Unrestricted Investments	**$ 4,906,227**			
Total Investments	**$ 5,124,595**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 5,116,786			
Total Long Term	$ 7,809			
Total Investments	**$ 5,124,595**			

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2010

SCHEDULE 3

INTERNALLY RESTRICTED FUNDS

	Balance Beginning of Year	Revenue	Investment Income	Transfer to Investment in Capital assets	Balance End of Year
Capital Fund	$ 545,153	$313,187	$ 77	$ (259,190)	$ 599,227

EXTERNALLY RESTRICTED FUNDS

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Total Capital Fund	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL EXTERNALLY RESTRICTED FUNDS	$ -	$ -	$ -	$ -	$ -	$ -

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2010

SCHEDULE 4

BOARD MEMBER REMUNERATION
for the year ended March 31, 2010

	2010							2009
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Chair Person								
Georgina Jolibois	$ 8,300	$ 7,962.50	$ 4,412.55	$ 6,420.22	$ 1,192.41	$ 969.57	$ 29,257.25	$ 2,998
Tina Rasmussen	$ 800	-	-	-	-	-	$ 800.00	$ -
David Seright	$ -	-	-	-	-	-		$ 24,228
Members								
Gloria Apesis	$ -	1,675	1,342	1,904	-	149	5,070	5,370
Elmer Campbell	$ -	4,675	2,471	3,525	-	354	11,024	2,392
Duanne Favel	$ -	4,325	2,217	3,225	636	314	10,717	12,788
Barbara Flett	$ -	4,475	2,406	3,655	-	341	10,877	1,954
Tina Rasmussen	$ -	5,450	2,850	3,386	876	411	12,972	12,296
Robert Woods	$ -	5,575	1,799	3,780	563	361	12,077	2,319
Arthur Daigneault	$ -	-	-	-	-	-	-	4,220
Lester Herman	$ -	-	-	-	-	-	-	10,018
John Janvier	$ -	-	-	-	-	-	-	8,814
Stella Lalberte	$ -	-	-	-	-	-	-	4,749
Yvette Daigneault	$ -	-	-	-	-	-	-	2,823
Annette Montgrand	$ -	-	-	-	-	-	-	10,403
Dorah Montgrande	$ -	-	-	-	-	-	-	3,867
Irene Pederson	$ -	-	-	-	-	-	-	652
	$ -	-	-	-	-	-	-	-
Total	$ 9,100	$ 34,138	$ 17,497	$ 25,894	$ -	$ 2,899	$ 92,794	$ 109,890

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2010

SCHEDULE 4A

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2010

	2010					2009		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Richard Petit, CEO	$ 124,627	$ 9,286	$ 133,913	$ -	$ 133,913	$ 114,075	$ -	$ 114,075
Elaine Malbeuf, Executive Director	104,296	7,090	$ 111,386	$ -	111,386	95,880	-	95,880
Zachery Solomon, CFO	28,946	2,496	$ 31,441	$ -	31,441			-
Zachery Solomon, Executive Director	86,837	7,487	$ 94,324	$ -	94,324	105,767	-	105,767
Rowena Materne, Executive Director	98,036	10,312	$ 108,348	$ -	108,348	69,863	-	69,863
Mark Cook, CFO	131,657	6,282	137,940	37,284	175,224	104,326	-	104,326
Wendy Ericson-Lemaigre, Executive Director	16,815	1,966	18,781	-	18,781	109,267	-	109,267
					-			-
Total	$ 591,214	$ 44,919	$ 636,133	$ 37,284	$ 673,417	$ 599,178	$ -	$ 599,178

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

Appendices

Key KYRHA Partnerships

Population Health Unit

The Population Health Unit provides leadership, support, expertise, and specialized public health and population health services to the three northern health authorities under a Co-Management Agreement.The Population Health Unit staff include: the Communicable Disease/Immunization Nurse; Dental Health Educator/Technical Consultant; Director; Environmental Health Manager; Environmental Health Protection Coordinator; two Medical Health Officers; Nurse Epidemiologist; five Public Health Inspectors; Chronic Disease Control Nurse; Public Health Nutritionist; and Support Staff. An Infection Control Practitioner, LPN - CD Assistant, and Prenatal Nutrition Coordinator provided additional service on a temporary basis in 2008-9.

The Population Health Unit has roles and responsibilities within the three northern health authorities for:

- Health protection and disease control and prevention
- Health surveillance and health status reporting
- Legislated mandate under the Public Health Act (2004) and regulations
- Liaison, consultation and advice
- Population and public health program planning and evaluation
- Population health promotion (advocacy for healthy public policy, community development, health education)

Web site: www.mcrrha.sk.ca/programs/population-health.php

Northern Health Strategy (NHS)

NHS creates opportunities for key northern partners to come together to discuss cross-jurisdictional issues that create barriers for clients who get caught between agencies. Through these opportunities for discussions, sound recommendations in the areas of chronic disease, mental health and addictions, community development, and oral health have been collected.

Web site: www.healthnorth.ca

Northern Medical Services

Northern Medical Services employs a unique team approach, working toward equitable, accessible health care in a geographically and culturally distinct setting. It is one of three divisions of the Department of Academic Family Medicine, University of Saskatchewan. In northern communities the physician's role is much more than the clinical care of patients. Liaison with other health-care personnel, local community committees and other agencies providing services to the community is essential. NMS works cooperatively with both Regional Health Authority Boards and Tribal Councils in the provision of these services.

Web site: www.northerndocs.com

The Wholistic Health of Keewatin Yatthé Regional Health Authoirty

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